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United States Bankruptcy Court for the:

Northern District of Illinois

Case number (If known):

Chapter you are filing under:
Chapter 7
Chapter 11
Chapter 12
Chapter 13

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

AUG 15 2017

JEFFREY P. ALLSTEADT, CLERK
INTAKE 1

Check if this is an amended filing

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

art 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name		
Write the name that is on your government-issued picture	Latrika	<u> 4</u>
identification (for example, your driver's license or	First name	First name
passport).	Middle name	Middle name
Bring your picture	Jenkins	*: *
identification to your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you		
have used in the last 8 years	First name	First name
Include your married or maiden names.	Middle name	Middle name
	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
Only the last 4 digits of your Social Security	xxx - xx - <u>8 7 0 5</u>	xxx - xx
number or federal	OR .	OR
Individual Taxpayer Identification number	9 xx - xx	9 xx - xx
(ITIN)	:	

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Debto	r 1 Latrika First Name Middle N	Jenkins	·	Case number (if known)
	THE INSTITUTE INTO THE	ame Last Name		
	t en fan de f	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
aı ld	ny business names nd Employer lentification Numbers EIN) you have used in	☑ I have not used any bus	iness names or EINs.	☐ I have not used any business names or EINs.
	ne last 8 years	Business name		Business name
	clude trade names and ping business as names	D		
		Business name		Business name
		EIN	* and	EIN
		EIN		EIN
5. W	here you live			If Debtor 2 lives at a different address:
		3632 W. Polk		
		Number Street		Number Street
		Chicago	II 00004	The state of the s
		Chicago City	IL 60624 State ZIP Code	City State ZIP Code
		Cook		
		County		County
		If your mailing address is above, fill it in here. Note t any notices to you at this ma	hat the court will send	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	AAAAAAAAAAAAA	Number Street
		P.O. Box		P.O. Box
		City	State ZIP Code	City State ZIP Code
6. W	hy you are choosing is district to file for	Check one:	TO PORTER TO THE TOTAL THE	Check one:
	ankruptcy	Over the last 180 days b I have lived in this district other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. E (See 28 U.S.C. § 1408.)	xplain.	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
				- Administrative Market

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	btor 1 Latrik	CI Middle Nar		Kins Last Nam	ne		Case number (#.	known)
	art 24 Tell the (	Court Abou	ut Your E	ankru	ptcy Case			
7.	The chapter of t Bankruptcy Cod	le you	Check of	ne. (Foi truptcy (	a brief description of e Form 2010)). Also, go t	ach, see <i>Noti</i> to the top of p	ce Required by 1: age 1 and check t	1 U.S.C. § 342(b) for Individuals Filing he appropriate box.
	are choosing to under	file	☑ Cha	pter 7				
			☐ Cha	pter 11				
			☐ Cha	pter 12				
			☐ Cha	pter 13				
8.	How you will pa	y the fee	loca your subr with	l court self, yo nitting a pre-p	for more details abou ou may pay with cash your payment on you orinted address.	ut how you n n, cashier's o ur behalf, you	nay pay. Typical check, or money ur attorney may	eck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check
			☐ I nec	ed to p	ay the fee in installa	ments. If yo	u choose this or	otion, sign and attach the
			жир	ication	ioi individuais to Paj	y merning	ree in instalime	ents (Official Form 103A).
			By la less pay	aw, a ju than 1: the fee	idge may, but is not r 50% of the official po	equired to, verty line that ou choose the	waive your fee, a at applies to you iis option, you m	tion only if you are filing for Chapter 7. and may do so only if your income is ar family size and you are unable to nust fill out the <i>Application to Have the</i> with your petition.
9.	Have you filed fo		□ No		ACCOUNTS OF THE PROPERTY OF THE PROPERTY AND ACCOUNTS OF THE PROPERTY OF THE P	**************************************	A TOTAL CONTROL OF A STATE OF THE STATE OF T	
	bankruptcy with last 8 years?	in the	Z Yes.	District	IL Northern	When	03/13/2015	Case number 15-09026
				District	IL Northern	When	MM / DD / YYYY 07/07/2017	Case number
				District		106000	MM / DD / YYYY	O
				DISTRICT		When	MM / DD / YYYY	Case number
10.	Are any bankrup	itcv	☑ No	***************************************	997-781 1879-1876 (1982-1984) (1982-1983) (1983-1983) (1983-1983) (1983-1884) (1983-1984) (1983-1984) (1983-1		والمراقبة	
	cases pending of filed by a spous			Debtor				Relationship to you
	not filing this ca you, or by a bus partner, or by ar	se with iness						Case number, if known
	affiliate?			Debtor				Delakinashin ta
						When		Relationship to you  Case number, if known
(		FF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					MM / DD / YYYY	Case Harrison, II NIOWII
11.	Do you rent you residence?	•	□ Mo. ☑ Yes.	Go to li Has yo resider	ur landlord obtained an	eviction judg	ment against you	and do you want to stay in your
				No.	. Go to line 12.			
						ent Ahout on I	Triation Irrahamand	Against You (Form 101A) and file it with

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Debtor 1	Latrika First Name Middle N		KINS Last Name			Case number (if kno	own)
art 3:	Report About Any	Rusinessa	c Vous Ours	<b>.</b>			
A 10 1				sole Prop	rietor		
of an	ou a sole proprietor y full- or part-time		to Part 4.				
busir	ness?	Yes. N	ame and location of	business			
busine	proprietorship is a ess you operate as an	***					
individ	lual, and is not a ate legal entity such as	N	ame of business, if any				
a corp	oration, partnership, or	N	umber Street	···			
If you I	have more than one	.,	ombol dilect				
sole pr	oprietorship, use a ate sheet and attach it	_	****				
to this	petition.	-	City				
			- N. J			State	ZIP Code
		C	heck the appropriate	box to desc	cribe your busir	ness:	
			Health Care Busin				
			Single Asset Real				))
			Stockbroker (as de				,,
			Commodity Broker				
· Andrewson · Standardson ·	7750.00.00.00.00.00.00.00.00.00.00.00.00.0		None of the above				
are yo debtor For a de busines	uptcy Code and u a small business ? efinition of small s debtor, see C. § 101(51D).	No. I a	a documents do not m not filing under Ch m filing under Chapte	exist, follow	the procedure	in 11 U.S.C. § 1	small business debtor so that it is debtor, you must attach your and federal income tax return or if 1116(1)(B).
11 0,5,0	o. 9 101(51b),						
		⊔ Yes. Far Bar	n filing under Chapte nkruptcy Code.	# 11 and I a	m a small busi	ness debtor acc	cording to the definition in the
rt 4:	Report if You Own o	r Have Any	/ Hazardous Prop	erty or A	nv Property	That Naode I	mmediate Attention
	own or have any						minutate Attention
propert	y that poses or is	☑ No					
of immi	to pose a threat inent and	⊶ Yes. W	hat is the hazard?			<u> </u>	
	able hazard to nealth or safety?						
Or do y	ou own any						What was a second secon
propert	y that needs ate attention?	lf i	mmediate attention i	s needed u	hy is it needed	12	
or exam perishabi	ate attention ; ople, do you own le goods, or livestock be fed, or a building				is it iscened		
hat need	s urgent repairs?						
		W	ere is the property?				
			•	Number	Street		

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		Document Page 5	of 51	-	
Debtor 1 <u>Latrika</u> First Name Middle N	Jenkins Last Name		Cas	e number (if known)	
Part 5: Explain Your Effor	ts to Receive a E	Briefing About Credit Counsel	ing		
5. Tell the court whether you have received a	About Debtor 1:			About Debtor 2	Spouse Only in a Joint Case):
briefing about credit counseling.	You must check o		Ş	You must check of	one:
The law requires that you receive a briefing about credit counseling before you file for	filed this ban certificate of		1	counseling a	riefing from an approved credit gency within the 180 days before I kruptcy petition, and I received a completion.
bankruptcy. You must truthfully check one of the	Attach a copy plan, if any, th	of the certificate and the payment at you developed with the agency.	.i	Attach a copy	of the certificate and the payment at you developed with the agency.
following choices. If you cannot do so, you are not eligible to file.  If you file anyway, the court	filed this bank certificate of		а	I received a b	riefing from an approved credit gency within the 180 days before I cruptcy petition, but I do not have
can dismiss your case, you will lose whatever filing fee you paid, and your creditors	Within 14 days you MUST file plan, if any.	after you file this bankruptcy petitio a copy of the certificate and paymen	n, nt	Within 14 days you MUST file plan, if any.	after you file this bankruptcy petition a copy of the certificate and paymen
can begin collection activities again.	services from unable to obta days after I ma	asked for credit counseling an approved agency, but was ain those services during the 7 ade my request, and exigent s merit a 30-day temporary waivel nent.	•	services from unable to obta days after I ma	asked for credit counseling an approved agency, but was ain those services during the 7 ade my request, and exigent as merit a 30-day temporary waiver
	requirement, at what efforts you you were unabl	-day temporary waiver of the tach a separate sheet explaining a made to obtain the briefing, why e to obtain it before you filed for d what exigent circumstances file this case.		To ask for a 30 requirement, at what efforts you were unable	day temporary waiver of the tach a separate sheet explaining u made to obtain the briefing, why e to obtain it before you filed for d what exigent circumstances
	dissatisfied with	be dismissed if the court is nyour reasons for not receiving a you filed for bankruptcy.	á	Your case may dissatisfied with	be dismissed if the court is your reasons for not receiving a your filed for bankruptcy.
	If the court is sa still receive a br You must file a agency, along v	tisfied with your reasons, you must iefing within 30 days after you file. certificate from the approved with a copy of the payment plan you by. If you do not do so, your case		If the court is sa still receive a bi You must file a agency, along v developed, if ar	itisfied with your reasons, you must iefing within 30 days after you file, certificate from the approved with a copy of the payment plan you y. If you do not do so, your case
	Any extension of	f the 30-day deadline is granted nd is limited to a maximum of 15		may be dismiss  Any extension of only for cause a days.	ed. f the 30-day deadline is granted nd is limited to a maximum of 15
	i am not require credit counseli	ed to receive a briefing about ng because of:		I am not require credit counseli	ed to receive a briefing about ng because of:
	☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
	☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
		I am currently on active military duty in a military combat zone.		☐ Active duty.	I am currently on active military duty in a military combat zone.
	briefing about cre	u are not required to receive a edit counseling, you must file a r of credit counseling with the court.		briefing about cre	are not required to receive a edit counseling, you must file a of credit counseling with the court.

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Debtor 1 Latrika First Name Middle	Jenkins Name Last Name	Case number (ii	known)
Part 6: Answer These Qu	estions for Reporting Pur	poses	
16. What kind of debts do you have?	•	narily consumer debts? Consumer de ridual primarily for a personal, family, or ho	ebts are defined in 11 U.S.C. § 101(8) usehold purpose."
	<ul><li>✓ No. Go to line 16b.</li><li>✓ Yes. Go to line 17.</li></ul>		
	•	narily business debts? Business debt r investment or through the operation of th	s are debts that you incurred to obtain e business or investment.
	☐ No. Go to line 16c. ☐ Yes. Go to line 17.		
	16c. State the type of debts	you owe that are not consumer debts or bu	usiness debts.
7. Are you filing under Chapter 7?	☐ No. I am not filing under	Chapter 7. Go to line 18.	merchade revisions (CAA-brown communication de contraction de cont
Do you estimate that afte any exempt property is	Yes. I am filing under Cha administrative exper	apter 7. Do you estimate that after any exe ases are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?
excluded and administrative expenses	□ No		and an accordance of Edition 5 !
are paid that funds will be available for distribution to unsecured creditors?	Yes		
. How many creditors do you estimate that you	1-49     □ 50-99	им туру обе съставля у простоя на приставительно проставительного проставительного на приставительного на	25,001-50,000
owe?	100-199 200-999	5,001-10,000 10,001-25,000	50,001-100,000  More than 100,000
. How much do you estimate your assets to	<b>□</b> \$0-\$50,000 <b>□</b> \$50,001-\$100,000	\$1,000,001-\$10 million \$10,000,001-\$50 million	\$500,000,001-\$1 billion
be worth?	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$500 million \$50,000,001-\$500 million	☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
. How much do you estimate your liabilities	<b>2</b> \$0-\$50,000	☐ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion
to be?	\$100,001-\$500,000	\$10,000,001-\$50 million \$50,000,001-\$100 million	\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
3747 Sign Below	□ \$500,001-\$1 million	☐ \$100,000,001-\$500 million	More than \$50 billion
or you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and
	If I have chosen to file under C of title 11, United States Code. under Chapter 7.	hapter 7, I am aware that I may proceed, it I understand the relief available under eac	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed
	If no attorney represents me ar this document, I have obtained	nd I did not pay or agree to pay someone v and read the notice required by 11 U.S.C.	who is not an attorney to help me fill out § 342(b).
		ith the chapter of title 11, United States Co	
	I understand making a false sta	itement, concealing property, or obtaining	manay an annual state for the
	×	*	
	Signature of Debtor 1	Signature	of Debtor 2
	Executed on OS 153	RO/7 YYYY Executed	on

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Debtor 1	Latrika First Name Middle No	Jenkins Ime Last Name	Case number (# known)
San de la company de la co	TO STEEL	and Maine	
bankrupt attorney	if you are filing this fcy without an e represented by	themselves successfu	an individual, to represent yourself in bankruptcy court, but you at many people find it extremely difficult to represent lly. Because bankruptcy has long-term financial and legal a strongly urged to hire a qualified attorney.
an attorn	ey, you do not ile this page.	To be successful, you mu technical, and a mistake of dismissed because you d hearing, or cooperate with firm if your case is selected	st correctly file and handle your bankruptcy case. The rules are very or inaction may affect your rights. For example, your case may be d not file a required document, pay a fee on time, attend a meeting or the court, case trustee, U.S. trustee, bankruptcy administrator, or audit d for audit. If that happens, you could lose your right to file another tections, including the benefit of the automatic stay.
		You must list all your prop court. Even if you plan to p in your schedules. If you of property or properly claim also deny you a discharge case, such as destroying of cases are randomly audite	erty and debts in the schedules that you are required to file with the pay a particular debt outside of your bankruptcy, you must list that debt on not list a debt, the debt may not be discharged. If you do not list if as exempt, you may not be able to keep the property. The judge can of all your debts if you do something dishonest in your bankruptcy or hiding property, falsifying records, or lying. Individual bankruptcy of to determine if debtors have been accurate, truthful, and complete.
		If you decide to file without hired an attorney. The cou successful, you must be fa	an attorney, the court expects you to follow the rules as if you had it will not treat you differently because you are filing for yourself. To be miliar with the United States Bankruptcy Code, the Federal Rules of the local rules of the court in which your case is filed. You must also
		Are you aware that filing fo consequences?	r bankruptcy is a serious action with long-term financial and legal
		☐ No	
		☑ Yes	
		Are you aware that bankrup inaccurate or incomplete, y	otcy fraud is a serious crime and that if your bankruptcy forms are ou could be fined or imprisoned?
		☐ No	
		☑ Yes	
		Yes. Name of Person	someone who is not an attorney to help you fill out your bankruptcy forms?  etition Preparer's Notice, Declaration, and Signature (Official Form 119).
		mare road and understood t	dge that I understand the risks involved in filing without an attorney. I his notice, and I am aware that filing a bankruptcy case without an se my rights or property if I do not properly handle the case.
		x L	<u>×</u>
		Signature of Debtor 1	Signature of Debtor 2
		Date US/65/20 MM/DD /YYYY	// Date
		Contact phone	Contact phone
		Cell phone (773) 951-07	
		Email address latrikajenkins	@gmail.com Email address

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Debtor 1	Latrika	Jenkins		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse, if filing	) First Name	Middle Name	Last Name	
Jnited States	Bankruptcy Court	for the: Northern District of I	llinois	

Check if this is an amended filing

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own \$ 0.00 \$ 150.00
1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	value of what you own \$0.00
1a. Copy line 55, Total real estate, from Schedule A/B	
1b. Copy line 62, Total personal property, from Schedule A/B	
	\$ 150.00
1c. Copy line 63, Total of all property on Schedule A/B	
	\$150.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>11,339.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 10,469.00
Your total liabilities	\$21,808.00
Part 5: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	1.840.00
Copy your combined monthly income from line 12 of Schedule I	\$1,849.00
Schedule J: Your Expenses (Official Form 106J)	s 1,840.00
Copy your monthly expenses from line 22c of Schedule J	\$

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Det	otor 1	Latrika First Name	Jenk Middle Name	INS Last Name		Case number	「 (if known)		
180anasa	References and the second			EDA (MAINE					
P	irt 4:	Answer Ti	hese Question	s for Administra	tive and Statistical Rec	ords			
6.	_			Chapters 7, 11, or					
Nec. 0.11.	Ŭ No ✓ Yes	. You have no	thing to report or	this part of the form	. Check this box and submit t	his form to the	court with your other	schedule	s.
7.	What k	ind of debt d	o you have?	restante e e e e e e e e e e e e e e e e e e	1944. da net restribitis (4346) wa ishara histingat vannastira kwingsanzibu agalining ina mina bisarbisi selem 1944. da net restribitis (4346) wa ishara histingat va nenastira kwingsanzibu agalining ina mina bisarbisi sel	t Allian de le este en en en la literativa (de etras reprosentent de	engengelyk trok en kenasten katalah Nordalbukt en kalalah en katalah salah salah salah salah salah salah salah		a traditional section of the section
	You fam	ur debts are p ily, or househ	primarily consumold purpose." 11	mer debts. Consum U.S.C. § 101(8). Fill	er debts are those "incurred b out lines 8-9g for statistical p	y an individual urposes, 28 U.	primarily for a perso .S.C. § 159.	nai,	
· verino i i i e	You this	ur debts are in form to the co	not primarily cor ourt with your oth	nsumer debts. You er schedules.	have nothing to report on this	part of the for	m. Check this box an	d submit	
8.	From ti Form 1:	he <i>Statemen</i> 22A-1 Line 11	f of Your Curren	t Monthly Income: ( Line 11; OR, Form	Copy your total current month	ly income from	1 Official	engay-aaraa aaraa sanaba	THE THE PROPERTY OF THE PROPER
čit mčerčumi			, == 1, , = 1111	The Fig. Of the Follow	1220-1 Cirie 14.			\$	2,432.00
			enge en krizing a seculara pendengana heri ez s ekspezizeetanise on	PROMETORIA DISTORAÇÃO MARIA EL PROPRIENCIA SERVICIA SERVIÇÃO SERVIÇÃO SERVIÇÃO SERVIÇÃO SERVIÇÃO SERVIÇÃO SERVI	an kalanda ka mengan kanada sebagai sebagai kanada dalah mengantan da kalanda da darah pendalah sebagai kanada	Kalaninin Cirron manand bedalah seganganya	eden er par de partir gregge en prosportation de societation de festiva en desiral		
9. <b>t</b>	opy tr	e following s	special categorie	es of claims from P	art 4, line 6 of Schedule E/F	) Jantošansk	and Armanan of the co		
						Total	l claim		
	From		<i>hedule E/F</i> , copy						
ę	a. Dom	nestic support	obligations (Cop	/ line 6a.)		\$	0.00		
ę	b. Taxe	es and certain	other debts you	owe the government	t. (Copy line 6b.)	\$	0.00		
g	c. Clair	ns for death o	or personal injury	while you were intox	ricated. (Copy line 6c.)	\$	0.00		
g	d. Stud	ent loans. (Ce	opy line 6f.)			\$	722.00		
9	e. Obliq prior	gations arising ity claims. (Co	out of a separatopy line 6g.)	on agreement or div	rorce that you did not report a	s \$	0.00		
9	f. Debt	s to pension o	or profit-sharing p	lans, and other simil	ar debts. (Copy line 6h.)	+ \$	0.00		to provide the second s
9	g. <b>Tota</b>	I. Add lines 9	a through 9f.			\$	722.00		t desert terms
						L			

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Sche	dule A	B: Property	7			1
Official	Form 10	6A/B_				amended
	·····					Check if th
Case number			<del></del>			
United States E	Bankruptcy Court	for the: Northern District of I	llinois			
(Spouse, if filing)	First Name	Middle Name	Last Name	-		
Debtor 2		Middle Name	Last Name	_		
Debtor 1	Latrika First Name	Jenkins				

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

KT I	No. Go to Part 2.	est in any residence, building, land, or similar pro	perty?	
<b>U</b>	Yes. Where is the property?			
1.1,	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land	Do not deduct secured of the amount of any secure Creditors Who Have Clai Current value of the entire property?	aims or exemptions. Pu ad claims on Schedule I ms Secured by Property
		☐ Investment property	\$	\$
	City State ZIP Code	Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.	and controlled, of a mi	o ostate), ii kilowii.
		Debtor 1 only		
	County	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	•
		Other information you wish to add about this it	em, such as local	
you	own or have more than one, list here:	property identification number:		
you 1.2.	own or have more than one, list here:  Street address, if available, or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building	Do not deduct secured cla the amount of any secured Creditors Who Have Claim	ims or exemptions. Put I claims on <i>Schedule D.</i> Is <i>Secured by Property</i> .
		What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured cla	ims or exemptions. Put I claims on Schedule D as Secured by Property.
		What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the	ims or exemptions. Put I claims on Schedule D is Secured by Property. Current value of the
		What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured cla the amount of any securec Creditors Who Have Claim  Current value of the entire property?  \$  Describe the nature of interest (such as fee s	ims or exemptions. Put I claims on Schedule D Is Secured by Property.  Current value of th portion you own?  \$ f your ownership imple, tenancy by
	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property?  \$ Describe the nature of	ims or exemptions. Put I claims on Schedule D Is Secured by Property.  Current value of th portion you own?  \$ f your ownership imple, tenancy by
	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any securec Creditors Who Have Claim  Current value of the entire property?  \$  Describe the nature of interest (such as fee s	ims or exemptions. Put I claims on Schedule D Is Secured by Property  Current value of th portion you own?  \$  f your ownership imple, tenancy by
	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any securec Creditors Who Have Claim  Current value of the entire property?  \$  Describe the nature of interest (such as fee s	ims or exemptions. Put I claims on Schedule D Is Secured by Property.  Current value of th portion you own?  \$ f your ownership imple, tenancy by
	Street address, if available, or other description  City State ZIP Code	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any securec Creditors Who Have Claim  Current value of the entire property?  \$  Describe the nature or interest (such as fee s the entireties, or a life	ims or exemptions. Put I claims on Schedule D Is Secured by Property.  Current value of th portion you own?  \$  f your ownership imple, tenancy by estate), if known.
	Street address, if available, or other description  City State ZIP Code	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any securec Creditors Who Have Claim  Current value of the entire property?  \$  Describe the nature of interest (such as fee s	ims or exemptions. Put I claims on Schedule D Is Secured by Property.  Current value of th portion you own?  \$  f your ownership imple, tenancy by estate), if known.

Document Page 11 of 51 Latrika Debtor 1 Jenkins First Name Case number (if kno What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home 1.3, the amount of any secured claims on Schedule D: Street address, if available, or other description Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Condominium or cooperative Current value of the Current value of the entire property? Manufactured or mobile home portion you own? ☐ Land Investment property City State ZIP Code Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. 0.00 Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes Hundai Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put VeraCruz Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2008 Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: 7.900.00 Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions)

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Case 17-24368 Doc 1 Filed 08/15/17 Entered 08/15/17 12:25:58 Desc Main Document Page 12 of 51 Latrika Debtor 1 **Jenkins** First Name Case number (if known) Make: 3.3. Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Debtor 1 only Model: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: At least one of the debtors and another entire property? portion you own? Other information: ☐ Check if this is community property (see instructions) 34 Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? At least one of the debtors and another portion you own? Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No No Yes Who has an interest in the property? Check one. 4.1 Make: Do not deduct secured claims or exemptions. Put Debtor 1 only Model: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Debtor 2 only Year Debtor 1 and Debtor 2 only Other information: Current value of the Current value of the At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 42 Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: entire property? portion you own? At least one of the debtors and another ☐ Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

0.00

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Debtor 1

Latrika First Name

**Jenkins** 

Case number (if known)

Ü	o you own or have any	legal or equitable interest in any of the following items?	Current value of the portion you own?
6.	Household goods an	ti di terreta di manusia di Aria di Santa di Sa A francia biana	Do not deduct secured claims or exemptions.
		ances, furniture, linens, china, kitchenware	
	□ No		
	Yes. Describe		\$ 100.00
7.	Electronics		
		and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games	
	¥ZI No	C-14 C-14 C-14 C-14 C-14 C-14 C-14 C-14	
	Yes. Describe	The state of the s	\$
8.	Collectibles of value		
	Examples: Antiques an stamp, coin № No	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles	
	Yes. Describe		
9.	Equipment for sports	and hobbins	\$
	Examples: Sports, phot	ographic, exercise, and other hopby aguinment, bloods, and other hopby aguinment, bloods, and other hopby	
	and kayaks; ☑ No	carpentry tools; musical instruments	
	Yes. Describe		triore
	— Tos. Describe		<b>\$</b>
10.	Firearms		
	<i>Examples:</i> Pistols, rifles <b>☑</b> No	shotguns, ammunition, and related equipment	
	Yes. Describe		***
11.0	Clothes		\$
i	Examples: Everyday clo	hes, furs, leather coats, designer wear, shoes, accessories	
ı	⊶l No	Weight and the state of the sta	
,	Yes. Describe	Clothes	\$50.00
2. <b>J</b>	ewelry		The state of the s
Ē	xamples: Everyday jew gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	<b>2</b> No		
Ĺ	Yes. Describe		•
3. <b>N</b>	on-farm animals		\$
E	xamples: Dogs, cats, bi	rds, horses	
	1 No		
	Yes. Describe		\$
ŧ. <b>A</b> :	ny other personal and	household items you did not already list, including any health aids you did not list	Ψ
	1 No	you did not list	
	Yes. Give specific		
	information.		\$
. A	dd the dollar value of a	Ill of your entries from Part 3 including any entries for passage of	
TO	r Part 3. Write that nur	nber here	\$ <u>150.00</u>

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De	btor	1

Latrika First Name

Jenkins

Last Name

Case number (if known)

	ny legal or equitable interest in	n any of the following?	Current value of the portion you own?  Do not deduct secured claim or exemptions.
16. <b>Cash</b>			or oxompaons.
Examples: Money yo	u have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	
☑ No		petition	ı
☐ Yes			
		Cash:	\$ <u> </u>
17. Deposits of money Examples: Checking, and other	, savings, or other financial acco similar institutions. If you have n	ounts; certificates of deposit; shares in credit unions, brokerage ho multiple accounts with the same institution, list each.	uses,
<b>7</b> Yes		Institution name:	
	17.1. Checking account:	Chase Bank	
	17.2. Checking account:		
	17.3. Savings account:		
	17.4. Savings account:		
	17.5. Certificates of deposit:		
	17.6. Other financial account:		7
	17.7. Other financial account:		V
	17.8. Other financial account:		<u> </u>
	17.9. Other financial account:		<del></del>
			\$
18. Bonds, mutual funds,  Examples: Bond funds.  No  Yes		erage firms, money market accounts	
	Institution or issuer name:		
100			
			\$
			\$ \$
9. Non-publicly traded s an LLC, partnership, a	tock and interests in incorpora	ated and unincorporated businesses, including an interest in	\$ \$
<ol> <li>Non-publicly traded s an LLC, partnership, a</li> <li>No</li> </ol>	tock and interests in incorpora and joint venture Name of entity:	ated and unincorporated businesses, including an interest in	\$ \$
<ol> <li>9. Non-publicly traded s         an LLC, partnership, a         ✓ No         ☐ Yes. Give specific         information about</li> </ol>	Name of entity:		\$ \$
<ol> <li>9. Non-publicly traded s an LLC, partnership, a ☑ No ☐ Yes. Give specific</li> </ol>	Name of entity:	ated and unincorporated businesses, including an interest in % of ownership:	\$ \$

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Debtor 1	Latrika First Name	Jenkins	Case number (Fig. 1)	
	riisi Name	Middle Name	Last Name Case number (if known)	
0 Governme	ant and corr		•	***************************************
Negotiable	instruments	include personal ch	her negotiable and non-negotiable instruments	
Non-negoti	iable instrum	nents are those you o	ecks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delivering them.	
<b>Ø</b> No			, some of desired and the	
Yes. Gi	ve specific	Issuer name:		
informa	tion about			
tnem	******************			\$
				\$
				\$
1. Retirement	t or nancion	2000		
Examples:	Interests in I	RA, ERISA, Keogh, 4	401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☑ No		3.1	pension or profit-snaring plans	
🔲 Yes. Lis	t each			
account	separately.	Type of account:	Institution name:	
		401(k) or similar plan:	· ·	\$
		Pension plan:		
		IRA:		\$
				\$
		Retirement account:		\$
		Keogh:		\$
		Additional account:		\$
		Additional account:		\$
				Ψ
2. <b>Security de</b> Your share o	of all unused	deposits you have n	nade so that you may continue service or use from a company	
companies,	vgreements v	with landlords, prepai	d rent, public utilities (electric, gas, water), telecommunications	
☑ No				
☐ Yes	***************************************	Ins	stitution name or individual:	
		Electric:		•
		Gas:		\$
		Heating oil:		\$
		Security deposit on rer	tal unit:	\$
		Prepaid rent:		\$
		Telephone		\$
		Water:		\$
		Rented furniture:		\$
		Other:		\$
				\$
	contract for	a periodic payment o	f money to you, either for life or for a number of years)	
☑ No				
☐ Yes		Issuer name and desc	ription:	
				\$
				\$

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Debtor 1	Latrika	Jenkins	- Cr ::	
	First Name N	fiddle Name Last Name	Case number (if known)	
Inforce	e in an advection	ADA tu un annua annu		
26 U.S.0	S in an education C. §§ 530(b)(1), 52	9A(b), and 529(b)(1).	ram, or under a qualified state tuition program.	
☑ No		(7)		
Yes	***************************************	Institution name and description Community		
		modulon name and description. Separater	y file the records of any interests.11 U.S.C. § 521(	(c):
				\$
		****	M	\$
				\$
				***************************************
Trusts, e exercisa	equitable or future able for your bene	interests in property (other than anything list	sted in line 1), and rights or powers	
☑ No	or your borne			
	Give specific			money
	nation about them.			Continues
			A STATE OF THE PARTY OF THE PAR	\$
Patents,	copyrights, trade	marks, trade secrets, and other intellectual p	property	
Example: □*	s: Internet domain	names, websites, proceeds from royalties and li-	censing agreements	
No No		A SOLL A principal and a southern the lighter of the control of the HT see were southern the Color of the control of the HT see were southern the Color of the color of the HT see were southern the Color of the Col		
	Give specific nation about them.			
1110111	nation about them.			\$
Licenses	, franchises, and	other general intangibles	The state of the s	hpe
Examples	s: Building permits,	exclusive licenses, cooperative association hold	dings liquor licenses professional licenses	
ZI No		1	arrago, inquoi nochises, professional ficerises	
Yes. 0	Give specific	and a special series of the proposition of the series of t		**************************************
inform	nation about them	Redicional Property Control of Co		\$
		Secretary opposition of the state of the sta		
ney or pr	operty owed to yo	w? : 글로 프랑트를 살고 있다는 글로 걸		Current value of the
				portion you own?
			<b>生态。其中是国际的基本的工作的是国际</b>	Do not deduct secured claims or exemptions.
	ds owed to you			
ZI No				
⊶ Yes. G	Sive specific inform	ation	Federal:	•
y.	bout them, including our already filed the	e returns	- After the state of the state	\$
а	nd the tax years		State:	\$
			Local:	\$
amily su	nnort			
		sum alimony, spousal support, child support, ma	aintenance, divorce settlement, property settlemen	-4
<b>Z</b> No		pro- quantitative	sincinarios, divorce settlement, property settlemen	и
🕽 Yes. G	ive specific inform	ation	The art proposed with the speed where the second was the contract of the first and the contract of the first	
			Alimony:	\$
		ANNAMADEL	Maintenance:	\$
		Minne	Support:	\$
		And Victorian	Divorce settlement:	\$
		AD 7.	Property settlement:	\$
ther amo	ounts someone o	wes you	194 (2006) dia transportante de mangrang (2006) di 1960 (dina dura untre de pulity) di distribution de mandre de pulity di distribution de mandre de pulity di 1960 (dina di distribution de mandre de pulity).	
xamples:	Unpaid wages, dis	sability insurance payments, disability benefits, e	sick pay, vacation pay, workers' compensation.	
No	Social Security be	enefits; unpaid loans you made to someone else		
	ivo enocific tester		- NOW MEDIA State and report of the State of	
<b>-</b> τ♥δ. Gl	ive specific informa	RIOT	о	
		i e	3	. 3

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Debtor 1	Latrika First Name	Jenkins Middle Name Las	t Name	Case number (if known)	
and the special and the property of			·way		
31. Interest	s in insurance p	olicies		e tare e en entre en	en seus contra de la contra de l
Example	es: Health, disabil	lity, or life insurance; h	ealth savings account (H:	SA); credit, homeowner's, or renter's insurance	
W No				of a router a modifiance	
Yes.	Name the insura of each policy ar	ince company Con	прапу пате:	Beneficiary:	Surrender or refund value:
	. ,				ė.
		u			\$ \$
			*****		•
32. Any inte	rest in property	that is due you from	someone who has died	1100	V <u></u>
If you are property	e the beneficiary of because someor	of a living trust, expect	proceeds from a life insu	rance policy, or are currently entitled to receive	
☑ No	<b>.</b>	green internance	man Miller (not annually see this tell services of protects a time conjugate for the service conjugate.		
☐ Yes.	Give specific info	rmation		12 Technicology of the State of	The concessing your
		E-contractor,			\$
33. Claims a	igainst third par	ties, whether or not y	ou have filed a lawsuit o	or made a demand for payment	
схатре	s: Accidents, emp	oloyment disputes, insi	urance claims, or rights to	sue	
☑ No	-	green de de se distant a sego			
<b>□</b> Yes.	Describe each cla	aim			A CONTRACTOR OF THE CONTRACTOR
0.4 0.45	**		Billiados consençato el lo face a consença per periodos seculares de meser adel personos se penegrante Colobera		<u> </u>
to set of	ntingent and uni f claims	liquidated claims of e	very nature, including o	counterclaims of the debtor and rights	
No					
Yes.	Describe each cla	aim.	Management of the Control of Cont	1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +	determinants of a rig
		The common tending of the second	en sen a kannyangan a ku ji ku u un a nasasan sena yan dalah u u u unanan na nyijilih dadi Ji ku una ku ku kuning da daki badak		\$
				A Control of Control o	
35 Any finar	olal appata	did not already list			
☑ No	iciai assets you	did not already list			
	Diversity to the		anning following the control of the control of the control of the first of the control of the co		10 MARLON 1000 Mg
<b></b> 165. (	Give specific infor	mation			\$
36. Add the	dollar value of al	of your entries from	Part 4, including any e	ntries for pages you have attached	
ioi Pari 4	. write that num	ber here			\$
		and the second of the second o			
Part 5:	Describe Any	Business-Relat	ed Property You O	wn or Have an Interest In. List any	real estate in Bort 4
					real estate in Part 1.
37. Do you ou	vn or have any k	egal or equitable inte	rest in any business-rel	ated property?	
	o to Part 6.				
☐ Yes. C	So to line 38.				
					Current value of the
					portion you own?
					Do not deduct secured claims
20 Accounts	zaanhahla aa aa				or exemptions.
No No	receivable or co	mmissions you alrea	idy earned		
	ydirect according	року в в выбольно на менять в в выполнением общений и не на менений и менений в в в в в в в в в в в в в в в в	THE EXCEPTION OF A STATE OF A ST		
Yes. D	escribe				
- 04			THE CONTROL OF THE PROPERTY OF THE STATE OF	The Control of the Co	\$
9. Office equ	lipment, furnishi	ings, and supplies			
Examples: 6	ousiness-related cor	nputers, software, moden	is, printers, copiers, fax mach	nines, rugs, telephones, desks, chairs, electronic device	S
☑ No	*** Supremovations	en frances de la faction d	Culthroom.eng.compeq.compeq.compeq.compeq.compeq.compeq.compeq.compeq.compeq.compeq.compeq.compeq.compeq.compe		
☐ Yes. D	escribe			,	\$
	Exercise de la constant de la consta	TYPENNING CONTROL ACTION ACTION AND AND ACTION ACTI	emonotionments of particle of administration group of a finished and minimal process of process of a finished.	and the contract of the COS and Cost Cost Cost Cost Cost Cost Cost Cost	

Case 17-24368 Doc 1 Filed 08/15/17 Entered 08/15/17 12:25:58 Desc Main Document Page 18 of 51 Latrika Debtor 1 **Jenkins** First Name Case number (if known) 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☑ No Yes. Describe... 41. Inventory Mo No Yes. Describe. 42. Interests in partnerships or joint ventures ☑ No Yes. Describe...... Name of entity: % of ownership: % 43. Customer lists, mailing lists, or other compilations ☑ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe..... 44. Any business-related property you did not already list ₩ No ☐ Yes. Give specific information ..... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ..... 0.00 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☑ No

☐ Yes.....

Filed 08/15/17 Entered 08/15/17 12:25:58 Desc Main Page 19 of 51 Document Latrika Debtor 1 **Jenkins** Case number (it kno 48. Crops-either growing or harvested V No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade **2** No Yes.... 50. Farm and fishing supplies, chemicals, and feed ☑ No ☐ Yes..... \$ 51. Any farm- and commercial fishing-related property you did not already list **2** No Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here ..... 0.00 Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Z No ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... 0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 0.00 57. Part 3: Total personal and household items, line 15 150.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 0.00 62. Total personal property. Add lines 56 through 61. ..... 150.00 Copy personal property total -> 150.00 63. Total of all property on Schedule A/B. Add line 55 + line 62..... 150.00

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ebtor 1	Latrika	Jenkins		
	First Name	Middle Name	Last Name	
ebtor 2				
Spouse, if filing)	First Name	Middle Name	Last Name	
Inited States I	Bankruptcy Court	for the: Northern District of III	inois	

Check if this is an amended filing

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 12 Identify the Property You Claim as Exempt

Brief descripti Schedule A/B	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	Automobile	\$ <u>0.00</u>	□ \$ 2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B:	3.1		✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value, up to any applicable statutory limit  ✓ 100% of fair market value and the fair market value an	
Brief description:	Furniture	<u>\$ 100.00</u>	□ \$ <u>100.00</u>	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	6		✓ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Clothes	\$ <u>50.00</u>	□ \$ <u>50.00</u>	735 ILCS 5/12-1001(a)
Line from Schedule A/B:	11		100% of fair market value, up to any applicable statutory limit	

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n	ΑÌ	٦fi	٦r	1

Latrika	
First Name	Middle Name

Jenki

ins			

Case number (if known)\_

### Part 2: Additional Page

on Schedule A	on of the property and line /B that lists this property	portion y	The property of the property o	Amount o	f the exemption you claim	Specific laws that allow exemptio
		Copy the Schedule	value from A/B	Check oni	one box for each exemption	n
Brief description:	Checking Account	\$	0.00	<b>1</b> \$	0.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	<u>17.1</u>			100% any ap	of fair market value, up to	
Brief description:		\$		□ s		
Line from Schedule A/B:				алу ар	of fair market value, up to plicable statutory limit	
Brief description:		\$		<b></b> s		
Line from Schedule A/B:				any ap	of fair market value, up to plicable statutory limit	-
Brief description:		\$		□ s		
Line from Schedule A/B:			es	100% ( any ap	of fair market value, up to olicable statutory limit	
Brief description: -		\$		□ \$	Pril Adults .	
Line from Schedule A/B: -	APU.			100% с алу ар	f fair market value, up to licable statutory limit	
Brief description: -		\$		<b>Q</b> \$		
Line from Schedule A/B:				any apr	f fair market value, up to licable statutory limit	
Brief description: –		\$		<b>□</b> \$		
Line from Schedule A/B:				2011.000	fair market value, up to licable statutory limit	
Brief description: –		\$		<b>□</b> \$	- the start of the	**************************************
_ine from Schedule A/B: —				any app	fair market value, up to licable statutory limit	17 F. 17
Brief description: –		\$		<b></b>	THE RESERVE THE PROPERTY OF TH	
ine from Schedule A/B:				100% of any app	fair market value, up to icable statutory limit	11-0-A-17-
Brief Iescription: —		\$		□ s		
ine from Schedule A/B:				100% of any appl	fair market value, up to cable statutory limit	Man No.
Brief escription: —		\$		ם \$		
ine from Schedule A/B:				100% of any appl	fair market value, up to cable statutory limit	
rief escription: —		\$		<b>⊃</b> \$		
ine from				☐ 100% of	fair market value, up to cable statutory limit	

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Fill in this information to identify your ca				
Debisi 1	IS le Name Lasi Name			
Debtor 2 (Spouse, if filing) First Name Middle	e Name			
United States Bankruptcy Court for the: Norther	NACC FIGHTE			
Case number	To District of Militors			
(If known)			☐ Check	if this is an
				ded filing
Official Form 106D				
Schedule D: Credito	rs Who Have Claims Secur	ad by Bra		
Be as complete and accurate as possible	If two married popula are till			12/15
information. If more space is needed, cop additional pages, write your name and ca	by the Additional Page, fill it out, number the entries,	qually responsible f and attach it to this	or supplying correct form. On the top o	ct f any
, , , , , , , , , , , , , , , , , , , ,	and the tribution.		• *	•
1. Do any creditors have claims secured	by your property?			
Yes. Fill in all of the information below	rm to the court with your other schedules. You have noth	ing else to report on t	this form.	
Part 1: List All Secured Claims				
2. List all secured claims if a graditor has	more than one secured claim, list the creditor separately	Column A	Column B	Column C
ior each daint. If those than one creditor i	has a particular claim, list the other creditors in Doct 2	Amount of claim	Value of collateral that supports this	Unsecured
As thoch as possible, list the claims in alp	habetical order according to the creditor's name.	Do not deduct the value of colleteral.	claim	portion If any
Pelican Auto Finance LLC	Describe the property that secures the claim:	s 11,339.00	\$ 7,900.00	s 0.00
Creditor's Name PO BOX 420848	Automobile	7		<u> </u>
Number Street	Automobile			
	As of the date you file, the claim is: Check all that apply.	J		
San Diego CA 92142	Contingent Unliquidated			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one,	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
	Other (including a right to offset)			
Check if this claim relates to a community debt		•		
Date debt was incurred 06/17/2015	Last 4 digits of account number 8 7 0 5			
2.2	Describe the property that secures the claim:	s0.00	\$ 0.00 g	0.00 g
Creditor's Name		Ì		
Number Street				
	As of the date you file, the claim is: Check all that apply.	t		
	Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
	☐ Undgment lien from a lawsuit ☐ Other (including a right to offset)			
Check if this claim relates to a community debt	The state of the s			
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries in C	Column A on this page. Write that number here:	11,339.00		economic control polysistem constructive research

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Fill in this	information to ide	entify your case:					
Debtor 1	Latrika	Jenkins					
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if fili	ng) First Name	Middle Name	Last Name				
United State	es Bankruptcy Court fo	r the: Northern Distric	t of Illinois				
Case number			or majoro			☐ Check if t	thic ic an
(If known)						amended	
Official	Form 106E	:/F		•			
Sched	lule E/F: (	 Creditors \	Nho Have Unsec	ured Clair	ne		
Be as comp List the oth A/B: Proper creditors wi needed, cop any addition	elete and accurate are party to any exe fy (Official Form 1: th partially secure by the Part you need that pages, write you	as possible. Use Par cutory contracts or 06A/B) and on Sche d claims that are list	rt 1 for creditors with PRIORITY clunexpired leases that could result dule G: Executory Contracts and led in Schedule D: Creditors Who the entries in the boxes on the leumber (if known).	laims and Part 2 for It in a claim. Also li Unexpired Leases (	r creditors with NO ist executory contr (Official Form 106G	acts on <i>Sched</i> ). Do not inclu	<i>ule</i> ide any
1. <b>Do any o</b> ✓ No. G	creditors have prio Go to Part 2.	rity unsecured clain	ns against you?				
<ol> <li>List all o each clair nonpriorit unsecure</li> </ol>	ly amounts. As muc d claims, fill out the	h as possible, list the Continuation Page of	reditor has more than one priority ur a claim has both priority and nonpri claims in alphabetical order according Part 1. If more than one creditor ho	nonty amounts, list thing to the creditor's n lds a particular claim	iat claim here and sh	now both priority	n. For / and ority
(i oi aii e.	Apidilation of each:	ype or claim, see the	instructions for this form in the instru	iction booklet.)			Albigusperiosproveis
					The state of the s		inpriority Sount
.1			Last 4 digits of account number		\$0.00 \$	0.00 \$	0.00
PHONEY CR	editor's Name		When was the debt incurred?		<b>V</b>		
Number	Street		The ste describented:				
			As of the date you file, the claim	is: Check all that apply	·.		
City	:	State ZIP Code	Contingent Unliquidated				
	urred the debt? Che	ck one.	☐ Unliquidated ☐ Disputed				
Debto							
	or 1 and Debtor 2 only		Type of PRIORITY unsecured c	laim:			
	st one of the debtors a	ind another	Domestic support obligations				
Chec	k if this claim is for	a community debt	Taxes and certain other debts you.  Claims for death or personal injury	owe the government			
is the cla	aim subject to offse	t?	intoxicated	/ write you were			and the state of t
☐ No			Other. Specify				DOMAIN AND AND AND AND AND AND AND AND AND AN
☐ Yes	THE THE THE TAXABLE PARTY OF TAXABLE PARTY O			The state of the s			el di
2	ditor's Name		Last 4 digits of account number		s 0.00 s	0.00 s	0.00
Phonly Cit	and s Name		When was the debt incurred?		Ψ Ψ		
Number	Street	***************************************	•				adi gango per
			As of the date you file, the claim i	s: Check all that apply.			
City		itate ZIP Code	Contingent Unliquidated				det bestårenge
·	urred the debt? Che		Disputed				Befin I Ivedos
Debto		on offe.	•				AMSSISSMAN
Debto	r 2 only		Type of PRIORITY unsecured cl	aim:			ASSASWAN
Debto	r 1 and Debtor 2 only		Domestic support obligations     Taxes and certain other debts your				den emiliopoles
	st one of the debtors a		Taxes and certain other debts you Claims for death or personal injury				() at ( ) at ( ) at ( )
<b>∟</b> Checl	k if this claim is for	a community debt	intoxicated	write you were			With the steen
is the cla	im subject to offset	?	Other. Specify				Mercel

No Yes

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Debtor 1

Latrika First Name

**Jenkins** 

Middle Name Last Name Case number (if known)\_

12	LIST All OF Your NUNPRIORITY Unse	cured Claims				
	Do any creditors have nonpriority unsecured cla  No. You have nothing to report in this part. Subr  Yes	• •				
i	ist all of your nonpriority unsecured claims in to nonpriority unsecured claim, list the creditor separat included in Part 1. If more than one creditor holds a claims fill out the Continuation Page of Part 2.	tely for each claim.	For each claim listed, identify who	at type of claim it is. Do not	list claims	already
		•		ut e tratte t	Total cla	im S
1	Peoples Gas		l and A dimite of any sunt number	8 7 0 5		
	Nonpriority Creditor's Name	W. A. C.	Last 4 digits of account number		\$	800.00
	200 E. Randolph St.		When was the debt incurred?	07/01/2017		
	Number Street Chicago IL	60601				
	City State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
			Contingent			
	Who incurred the debt? Check one.		☐ Unliquidated			
	Debtor 1 only		☐ Disputed			
	Debtor 2 only					
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another		☐ Student loans			
	☐ Check if this claim is for a community debt		Obligations arising out of a separ that you did not report as priority			
	Is the claim subject to offset?		Debts to pension or profit-sharing			
	₩ No		Other, Specify Utility	, plante, and outer outlines dobte		
	Yes					
,	II.C. Dont of ED. Direct		Last 4 digits of account number	8 7 0 5	\$	722.00
	U.S. Dept of ED - Direct Nonpriority Creditor's Name		When was the debt incurred?	01/29/2010	Ψ	
	PO BOX 5609		Tries was the debt medited;			
	Number Street	<del></del>				
	Greenville TX	75403	As of the date you file, the claim	is: Check all that apply.		
	City State	ZIP Code	Contingent			
	Who incurred the debt? Check one.		☐ Unliquidated			
	Debtor 1 only		☐ Disputed			
	Debtor 2 only		Type of NONPRIORITY unsecu	and alaim.		
	Debtor 1 and Debtor 2 only		• •	red Claint.		
	At least one of the debtors and another		Student loans			
	☐ Check if this claim is for a community debt		Obligations arising out of a separ that you did not report as priority			
	Is the claim subject to offset?		Debts to pension or profit-sharing			
	2 No		Other. Specify	·		
	Yes					
3	Webbank/Freshstart	ACTION CHARLES AND ACTION CONTRACTOR STATEMENT OF STATEME	Last 4 digits of account number	0 7 A E		40000
	Nonpriority Creditor's Name			01/10/2017	\$	163.00
	6250 Ridgewood Rd		When was the debt incurred?	01/10/2017		
	Number Street					
	Saint Cloud MN	56303	As of the date you file, the claim	is: Check all that apply.		
	City State	ZIP Code				
	Who incurred the debt? Check one.		☐ Contingent☐ Unliquidated			
	Debtor 1 only		Disputed			
	Debtor 2 only		— <del></del>			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another	•	☐ Student loans			
	☐ Check if this claim is for a community debt		Obligations arising out of a separ			
	Is the claim subject to offset?		that you did not report as priority			
	₩ No		Debts to pension or profit-sharing  Other. Specify <u>Installment</u>			
	Yes		outer, Specify Instantificht	Daies Cuitlaut		

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Debtor 1

Latrika First Name

**Jenkins** 

Last Name

Case number (if known)

P	art	2:

Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, number them beginning	ig with 4.4, followed by 4.5, and so forth. Total Cl
ComEd	Last 4 digits of account number 8 7 0 5
Nonpriority Creditor's Name PO BOX 6111	\$
Number Street	When was the debt incurred? 07/01/2017
Carol Stream IL 60197	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	Contingent
Who incurred the debt? Check one.	Unliquidated
Debtor 1 only	Disputed
Debtor 2 only	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
At least one of the debtors and another	☐ Student loans
	Obligations arising out of a separation agreement or divorce that
Check if this claim is for a community debt	you did not report as priority claims
is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Utility
<b>2</b> No	- Constant of the constant of
☐ Yes	
Sprint Wireless	
Nonpriority Creditor's Name	Last 4 digits of account number 8 7 0 5 \$ 2,117
6391 Sprint Parkway	When was the debt incurred? 07/01/2017
Jumber Street	
Overland Park KS 66251	As of the date you file, the claim is: Check all that apply.
ity State ZIP Code	☐ Contingent
Who incurred the debt? Check one.	Unliquidated
Debtor 1 only	☐ Disputed
Debtor 2 only	Town of MONIPPLO Pro-
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
At least one of the debtors and another	Student loans
Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	Debts to pension or profit-sharing plans, and other similar debts
the claim subject to offset?	Other Specify Cellular
<b>₫</b> No	
Yes	
st Loans Financial	Last 4 digits of account number 8 7 0 5 \$ 1,200.
onpriority Creditor's Name	
421 W. North Avenue	When was the debt incurred? 07/01/2017
umber Street	As of the date you file the eleim in Our and
Oak Park IL 60302	As of the date you file, the claim is: Check all that apply.
State ZIP Code	☐ Contingent
ho incurred the debt? Check one.	Unliquidated
Debtor 1 only	☐ Disputed
Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	
At least one of the debtors and another	Student loans  Obligations arising out of a separation agreement and forms that
Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>
	Debts to pension or profit-sharing plans, and other similar debts
the claim subject to offset?	Other. Specify Payday Loan
No Yes	

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Debtor 1

Latrika Jenkins Middle Name

Case number (# known)\_

Pa	Your NONPRIORITY Unse	cured C	laims — Contin	uation Page		
	ter listing any entries on this page, no	umber the	em beginning witl	h 4.4, followed by 4.5, and so forth.	Tol	tal claim
4.7	Mount Sinai Hospital			Last 4 digits of account number 8 7 0 5	•	800.00
	Nonpriority Creditor's Name 1500 S. California Ave			When was the debt incurred? 07/01/2017	Ψ	
	Number Street Chicago	IL	60608	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	State	ZiP Code	Contingent Unliquidated Disputed		
	Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a commu  Is the claim subject to offset?  No  Yes			Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  other. Specify Medical		
1.8	Stroger Hospital of Cook Cour Nonpriority Creditor's Name	nty		Last 4 digits of account number 8 7 0 5	\$	800.00
	1901 W. Harrison St.			When was the debt incurred? 07/01/2017		
	Chicago	IL	60612	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another	State	ZIP Code	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or diverse that		
	☐ Check if this claim is for a community the claim subject to offset?  ✓ No ☐ Yes	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other Specify Medical</li> </ul>		-
.9					s 3,	282.00
	City of Chicago Department of Nonpriority Creditor's Name PO BOX 4641	Finance	<del>)</del>	Last 4 digits of account number $\frac{8}{0.0000000000000000000000000000000000$	¥	
	Number Street Chicago	IL	60680	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed		NO PARI CIENTA MARKACIA PARI CARA CARA CARA CARA CARA CARA CARA C
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		17 man
	☐ At least one of the debtors and another☐ Check if this claim is for a communisthe claim subject to offset? ☐ No	ity debt		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify <u>Tickets</u></li> </ul>		WARNIA THA AND AND THE STREET AND TH
	Is the claim subject to offset?	ity debt		Debts to pension or profit-sharing plans, and other similar debts		

Middle Name

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Debtor 1

Latrika First Name

**Jenkins** 

Last Name

Case number (if known)\_\_

Your NONPRIORITY Unsecured Claims -- Continuation Page

					•						
After lis	sting any entries on this page, nu	mber ther	n beginning with	4.4, follow	ved by 4.5, and so forth.					otal cla	m
5.1											
ای لــــ	ecretary of State			Last 4	4 digits of account number	8	7 _	<u>5</u>	\$	0	00
	701 S. Dirksen Parkway			When	was the debt incurred?	07/0	1/20	17	•	· · · · · · · · · · · · · · · · · · ·	
Nur	mber Street	11	00700	- As of	the date you file, the claim	ie: Ch	ack at	that annly			
City	pringfield /	IL State	62723 ZIP Code	_	ontingent	13. Ç	(CUN AI	шасарру.			
18/1	ha faranna 110 a 110 a				nliquidated						
	ho incurred the debt? Check one.				isputed						
	Debtor 1 only Debtor 2 only			Typo	of NONDDIODITY						
	Debtor 1 and Debtor 2 only				of NONPRIORITY unsecur tudent loans	ea cia	um:				
	At least one of the debtors and another				tudent loans bligations arising out of a separ	ration a	Areem	ant or discrea th	~+		
	Check if this claim is for a commun	nity debt		ya	ou did not report as priority clair.	ทร					
	the claim subject to offset?	-		Ll De ZÍo	ebts to pension or profit-sharing ther. Specify Notice Only	plans	, and c	ther similar debt	s		
Z	No			<b>42.</b> U1	ulei. Specify 140000 OTHY						
	Yes										
provided that make	MANIER MANIER DE DE LE CONTROL DE	EGG (ALLEGO EGG LEGG) AN		Last 4	digits of account number	A THE RESIDENCE OF THE PARTY OF			\$	***************************************	Wared
Non	priority Creditor's Name			•	was the debt incurred?				<b></b>		
Num	nber Street			As of	the date you file, the claim	ie: Ch	ook oli	that annly			
City		State	ZIP Code		ontingent	is. Cili	CUN AII	siat apply.			
-		Cicio	211 0000		niquidated						
_	no incurred the debt? Check one.			Di:							
	Debtor 1 only Debtor 2 only			<b></b> -			_				
	Debtor 1 and Debtor 2 only				of NONPRIORITY unsecure	ed clai	im:				
	At least one of the debtors and another				udent loans oligations arising out of a separa	atian a		ant or division the			
	Check if this claim is for a commun	itv debt		yo:	u did not report as priority claim	15					
	he claim subject to offset?				ebts to pension or profit-sharing				•		
	•			u Oti	her. Specify		······································				
	Yes										
				l and 4		and the second	***************************************		\$		2000
Non	priority Creditor's Name			Lasi 4	digits of account number						
	,			When	was the debt incurred?		<del></del>				
Num	ber Street			As of t	the date you file, the claim i	is: Che	eck all	that apply.			
City		State	ZiP Code		entingent						
Wh	o incurred the debt? Check one.			Un Dis	liquidated souted						
	Debtor 1 only				· µ ਜਹਾਵਾਰ						
	Debtor 2 only			Type o	of NONPRIORITY unsecure	ed clai	m:				
	Debtor 1 and Debtor 2 only  At least one of the debtors and another				udent loans						
					oligations arising out of a separa u did not report as priority claim		greeme	ent or divorce tha	t		
	Check if this claim is for a commun	ity debt			u did not report as priority daim bts to pension or profit-sharing		and of	her similar debts			
	he claim subject to offset?				her. Specify						
	T (#S			herida Johnson Wartland							

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Case number (if known)\_

Debtor 1

Latrika

**Jenkins** 

Part 3: List Others to Be Notified About a Debt That You Already Listed

		additional pers	one to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Torres Credit Service	es		On which entry in Part 1 or Part 2 did you list the original creditor?
27 Fairview			Line 4.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Cla
Carlisle	PA State	17013 ZIP Code	Last 4 digits of account number 8 7 0 5
Source Receivables	Management		On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 4068			Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
lumber Street	Total Control of the		Part 2: Creditors with Nonpriority Unsecured
Greensboro	NC State	27404 ZIP Code	Last 4 digits of account number 8 7 0 5
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street		THE PARTIES AND ADDRESS OF THE PARTIES AND ADDRE	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims
TTY ACID CONTROL TO A TO A PROPERTY OF THE TOTAL TO A TOTAL CONTROL TO A STATE OF THE TOTAL CO	State State	ZIP Code	Last 4 digits of account number
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims
ty	State	ZIP Code	Last 4 digits of account number
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
ımber Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
			Claims Part 2: Creditors with Nonpriority Unsecured
Yelennoon open contract of the	State	ZIP Code	Last 4 digits of account number
rne			On which entry in Part 1 or Part 2 did you list the original creditor?
mber Street		· · · · · · · · · · · · · · · · · · ·	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
The state of the s			Claims Part 2: Creditors with Nonpriority Unsecured
y	State	ZIP Code	Last 4 digits of account number
me		******	On which entry in Part 1 or Part 2 did you list the original creditor?
mber Street	William Commission of the Comm		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
			Claims

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Debtor 1

Latrika First Name

**Jenkins** 

Last Name

Case number (if known)\_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6,	Total the amounts of certain types of unsecured claims. I Add the amounts for each type of unsecured claim.	This information is for statistical reporting purposes only. 28 U.S.C. §	159
Ο,	Add the amounts for each type of unsecured claims.	This information is for statistical reporting purposes only. 28 U.S.0	J. §

And the second s			Total c	laim
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
The second of th	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
MINIMA CONTRACTOR CONT	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
·			Total cl	aim
Total claims	6f. Student loans	6f.	\$	722.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	<ol> <li>Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ol>	6i.	+ \$	9,747.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$	10,469.00

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Fill in this i	nformation to	o identify you	r case:			
Debtor	Latrika	Jer	nkins			
Daharia	First Name		Viddle Name	Last Name		
Debtor 2 (Spouse If filing)	First Name		Aiddle Name	Last Name		
United States	Bankruntov Co		nern District of III			
_		arrior ase. North	TOTAL DISTRICT OF RE	INOIS		
Case number (If known)	<del></del>	7700				<b>73</b> a
		······································				Check if this is a
						amended filing
Official F	orm 10	6G				
Schedi	ıle Gı I	Evocut	0m. Co.	4	8 R 8	
	aic G.	Execut	ory con	tracts an	d Unexpired Leases	12/15
1. Do you h	es, write you ave any exec heck this box	ur name and course cutory contract and file this fo	ase number (if	known).  I leases?	together, both are equally responsible for sunumber the entries, and attach it to this page	o. On the top of any
List separ	ately each n	erson or com	nany with who	n voir house the ear.	are listed on Schedule A/B: Property (Official For htract or lease. Then state what each contract rm in the instruction booklet for more examples	
Person or	• 1	ith whom you	have the contr	act or lease	State what the contract or lease is	for
Name 3632 W	. Polk				Apartment Rental	
Number	Street		·····		_	
Chicago City	)	IL State	60624		**************************************	
C Commence and the commence of	al la diversión des processos de la altituda de partir de la companya de la companya de la companya de la comp	Siale	ZIP Code			ATOTYSCEET A CONSISTANCIA CONTRACTOR NAME OF A SECOND A TOTAL A SECOND CONTRACTOR AS A SECOND CONTRACTOR AS A
<u></u>						and the second s
Name			· · · · · · · · · · · · · · · · · · ·		_	
Number	Street	7,011-2			_	
	oucct					
City	to where the translation of the property transport	State	ZIP Code		-No-	
The state of the s			- 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0			ngan sa nganganganga saganga na mana mangangan ang ngangan sa ngangan sa ngangangan ngangan sa ngangan ngangan
Name				-	•••	
Number	Street				No.	
City		State	ZIR Codo		_	
	enter de la constituta de	State	ZIP Code	end water of personal wind to distribute the trade of the following the		Dies GAV des 1975 i ett 2004 GORge av Perentes Grenn GORG (1924 GAV). Die Stelle Geber des des 1926 GAV (1926 G
Nace	<del></del>				_	
Name						
Number	Street	******			-	
City	indonesia orani eterepek etrepa ja sises	State	ZIP Code			
				and the second s	en e	erethe turkentente etabliseeria, protektoorien eta etablisee eta etabliseeria etabliseeta eta eta eta eta eta e
Name					-	
Number	Street		V-74/A-V	-11-1-	-	
City		State	ZIP Code	*****	-	

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Debtor 1	Latrika	Jenkins		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse, if filing)	First Name	Middle Name	Last Name	
Inited States E	ankruptcy Court fo	or the: Northern District of Illi	nois	
ase number				
If known)				

Check if this is an amended filing

### Official Form 106H

### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and

4	Do you l	have and a deter	A second distribution of the control	METER ACCOUNTS OF STATE AND A STATE STATE OF A STATE STATE OF A ST	kal manak kila makki daga manak kila manapa kika manahika kila manaka kila manaka kila manaka kila manaka kila
١.	Ø you≀ Ø Nο	nave any codebto	rs? (If you are filing a joint case, do n	ot list either spouse a	s a codebtor.)
	Yes				
2.		he last 8 years ha	ave you lived in a community		
	Arizona,	California, Idaho, I	Louisiana, Nevada, New Mexico, Puei	rty state or territory	? (Community property states and territories include
	<b>☑</b> No. 0	Go to line 3.	The state of the s	no rico, Texas, Wasi	nington, and Wisconsin.)
			ormer spouse, or legal equivalent live	with you at the time?	
		No	, Jan - 400, 200, 110	was you at the take?	
	☐ Y	es. In which comm	nunity state or territory did you live?		Fill in the name and current address of that person.
			,, ,	······································	This true riante and current address of that person.
	7	None			
	יו	value of your spouse, for	mer spouse, or legal equivalent		
	ī	Number Street			
		0,000			
	ā	City	State	ZIP Code	
	- 0-1				
3. I	n Colum	in 1, list all of you	r codebtors. Do not include your sp	ouse as a codebtor	if your spouse is filing with you. List the person
		u uud wagann ab a	conento cilly it flist belsou is a ut	IATADIAL AT CACIMAAI	· Maka attea tiata harra tiata dishini and tia
	Acucanic	e n (Omciai LOM)	1000), Schedule E/F (Official Form	106E/F), or Schedul	le G (Official Form 106G). Use Schedule D,
•	scneaure	e E/F, or Schedule	G to fill out Column 2.		·
	Column	1: Your codebtor		THE REAL PROPERTY.	
	Coldina	Tour conepior			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3.1					
	Name			· · · · · · · · · · · · · · · · · · ·	Schedule D, line
	Number	Street			Schedule E/F, line
	rammer	Street			☐ Schedule G, line
	City		State	ZIP Code	
.2				And the second section of the second section of the second section of the second section secti	Mediants are required to high fig. 15 formers are required to the fig. manual and of the fig. 20 formers are assumed to the first former and applications and the fig. 6 formers are assumed to the fig. 10 formers and the fig. 6 formers are assumed to the fig. 10
	Name				— Schedule D, line
					Schedule E/F, line
	Number	Street			☐ Schedule G, line
	City		State	ZIP Code	· ·
.3		e established den 1900 til ett er establishede den den den er former den er til er en er til en en en den den	e transfer de la companya de la comp	21r Code	on and the state of the state o
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			☐ Schedule G, line
	City				
*44-4	₩Y				
		A trained for married to an analysis of a series of the filter with the series of a series of the se	State  State	ZIP Code	

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Fill in this i	nformation to identify				<b>1</b>	
Debtor 1	Latrika First Name	Jenkins Middle Name	Last Name	**************************************		
Debtor 2 (Spouse, if filing	) First Name	Middle Name	Last Name			
			Last Name			
		Northern District of Illinois				
Case number (If known)		***************************************			Check if t	
		WARRANGE THE TAXABLE PARTY OF THE PARTY OF T	**************************************			nended filing
						plement showing postpetition chapter 13 e as of the following date:
Official F	orm 106l	_			****	DD / YYYY
Sched	iule I: You	ır İncome			181141 7 6	12/15
						or 2), both are equally responsible for
if you are sep	parated and your spoi	use is not filing with you, on the second is any additional pag	lo not include in	formation	about your spo	you, include information about your spous ouse. If more space is needed, attach a known). Answer every question.
Fill in you information	r employment on.		Debtor 1			Debtor 2 or non-filling spouse
attach a se	e more than one job, eparate page with n about additional	Employment status	☑ Employed			☐ Employed
. ,	rt-time, seasonal, or		- Not employ	/ea		☐ Not employed
self-emplo			Janitoral			
	n may include student aker, if it applies.	Occupation			, , , , , , , , , , , , , , , , , , ,	
		Employer's name	Aramark			White the state of
		Employer's address	1201 Davis			
		• .,	Number Street			Number Street
			Evanston	IL	60201	
			City	State 2	ZIP Code	City State ZIP Code
		How long employed there	e? 3yrs			3yrs
Part 2:	Give Details About	t Monthly Income				
Estimate i spouse un	monthly income as of less you are separated	the date you file this form	. If you have noth	ing to repo	rt for any line, w	rite \$0 in the space. Include your non-filing
If you or yo below. If yo	our non-filing spouse ha ou need more space, a	ave more than one employer ttach a separate sheet to thi	, combine the info s form.	ormation fo	r all employers f	or that person on the lines
				(onlinearmon)	For Debtor 1	For Debtor 2 or non-filing spouse
		ary, and commissions (bef calculate what the monthly		2. \$	2,432.00	\$
3. Estimate	and list monthly over	rtime pay.		3. <b>+</b> \$		+ \$
4. Calculate	gross income. Add li	ne 2 + line 3.		4. \$	2,432.00	\$
				L		

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Case number (if known)\_ First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse 2,432.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 526.00 5a. 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 0.00 5c. 5d. Required repayments of retirement fund loans 0.005d. 5e. Insurance 0.00 5e. 5f. Domestic support obligations 0.00 5f. 57.00 5g. Union dues 5g. 5h. Other deductions. Specify: \_ 0.00 5h. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 583.00 1,849.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business. profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a 8b. Interest and dividends 0.00 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 0.00 8d. Unemployment compensation 8d. 8e. Social Security 8e. 0.00 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 8f. 8g. Pension or retirement income 0.00 8g 8h. Other monthly income. Specify: 8h. 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. 0.0010. Calculate monthly income. Add line 7 + line 9. 1,849.00 1,849.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1,849.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ₩ No. Yes. Explain:

Latrika

Debtor 1

Jenkins

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Fill in this in face at				
	y your case:			
Debtor 1 Latrika First Name	Jenkins Middle Name Last Name	Check if this	is:	
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	An amend	ded filina	
United States Bankruptcy Court for the		☐ A supplen	nent showing pos	tpetition chapter 13
Case number				g date:
(If known)	100000	MM / DD /	YYYY	
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as prinformation. If more space is need (if known). Answer every question	Check if this is:    Name			
Part 1: Describe Your Ho	usehold			
1. Is this a joint case?				
<ul><li>✓ No. Go to line 2.</li><li>✓ Yes. Does Debtor 2 live in a</li></ul>	separate household?			
☐ No				
Yes. Debtor 2 must f	ile Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.	i ja 1 i januari na	
2. Do you have dependents?		Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.		Debtor 1 or Debtor 2	•	
Do not state the dependents' names.			***************************************	
names.				
				□ No
		**************************************	<del></del>	☐ Yes
		77****		
3. Do your expenses include expenses of people other than yourself and your dependents?				
Part 2: Estimate Your Ongo	ing Monthly Expenses		Dependent's age with you?  Dependent's age with you?  Dependent's age with you?  No Yes	
000000000000000000000000000000000000000		re using this form as a supplemen	t in a Chanter 13 c	ase to report
expenses as of a date after the bar applicable date.	nkruptcy is filed. If this is a suppleme	ental Schedule J, check the box at	the top of the form	ant's Does dependent live with you?  No Yes No No Yes No No Yes No No Yes No
Include expenses paid for with no	n-cash government assistance if you	know the value of	gere ak geriee	
		•	Your exper	TS8S
any rent for the ground or lot.	expenses for your residence, include		4. \$	500.00
If not included in line 4:				
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or r	enter's insurance		4b. \$	0.00
4c. Home maintenance, repair,			4c. \$	0.00
4d. Homeowner's association of	r condominium dues		4d. \$	0.00

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Debtor 1 Latrika Jenkins Case number (if known)\_\_\_\_\_\_

National mortgage payments for your residence, such as home equity loans   5   0.000					xpenses
Back   Electricity, heat, natural gas   200,000	5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.   Water, sewer, garbage collection   6.   5   0.000   1.0	6.	Utilities:			
6.   Water, sewer, garbage collection   6.   1.   1.000   1.		6a. Electricity, heat, natural gas	6a.	\$	200.00
66. Other, Specify:         66. S. 0.000           7. Food and housekseping supplies         7. \$ 110.00           8. Childcare and children's education costs         8. \$ 0.00           9. Childcare and children's education costs         8. \$ 0.00           10. Personal care products and services         10. \$ 30.00           11. Medical and dental expenses         11. \$ 0.00           12. Transportation, include gas, maintenance, bus or train fare.         12. \$ 150.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$ 0.00           14. Charitable contributions and religious donations         14. \$ 0.00           15. Insurance.         15. Insurance           15. Health insurance deducted from your pay or included in lines 4 or 20.         15. \$ 0.00           15. Health insurance. Specify:         15. \$ 0.00           15. Other insurance. Specify:         15. \$ 0.00           15. Other insurance. Specify:         15. \$ 0.00           16. Other insurance. Specify:         15. \$ 0.00           17. Installment or lease payments:         17. \$ 0.00           17. Car payments for Vehicle 1         17. \$ 0.00           17. Car payments for Vehicle 2         17. \$ 0.00           17. Other, Specify:         17. \$ 0.00           17. Other, Specify:         17. \$ 0.00 <tr< td=""><td></td><td>6b. Water, sewer, garbage collection</td><td></td><td>\$</td><td></td></tr<>		6b. Water, sewer, garbage collection		\$	
6.0 Other, Specify:         6.0 Other, Specify:         \$ 0.000           7. Food and housekeeping supplies         7. \$ 110.00           8. Othidicare and children's education costs         8. \$ 0.000           9. Citildicare and children's education costs         10. \$ \$ 30.00           10. Personal care products and services         10. \$ \$ 30.00           11. Medical and dental expenses         11. \$ \$ 0.00           12. Transportation, include gas, maintenance, bus or train fare.         12. \$ \$ 0.00           13. Entertainment, clubs, recreation, newspapors, magazines, and books         12. \$ 0.00           14. Charitable contributions and religious donations         13. \$ 0.00           15. Insurance.         15. Insurance           15. Life insurance         15. \$ 0.00           15. Life insurance         15. \$ 0.00           15. Vehicle insurance.         15. \$ 0.00           15. Vehicle insurance. Specify:         15. \$ 0.00           15. Other insurance. Specify:         15. \$ 0.00           16. Other insurance. Specify:         15. \$ 0.00           17. Car payments for Vehicle 1         17. \$ 0.00           17. Car payments for Vehicle 2         17. \$ 0.00           17. Car payments for Vehicle 2         17. \$ 0.00           17. Other. Specify:         10.00           17. Other. Sp		6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
8. Childcare and children's education costs         8. \$ 0.00           9. Clothing, laundry, and dry cleaning         9. \$ 100.00           10. Personal care products and services         10. \$ 3.00           11. Medical and dental expenses         11. \$ 0.00           12. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments.         12. \$ 150.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$ 0.00           14. Charitable contributions and religious donations         14. \$ 0.00           15. Insurance.         15. Insurance           15. Insurance         15. \$ 0.00           15. Health insurance         15. \$ 0.00           15. Vehicle insurance         15. \$ 0.00           15. Vehicle insurance. Specify:         15. \$ 0.00           15. Vehicle insurance. Specify:         15. \$ 0.00           16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         5 0.00           5pecify:         15. \$ 0.00           17. Installment or lease payments:         17. Car payments for Vehicle 1         17. \$ 0.00           17. Car payments for Vehicle 2         17. \$ 0.00           17. Cother. Specify:         17. \$ 0.00           17. Cother. Specify:         17. \$ 0.00           17. Cother. Specify:         0.00		6d. Other, Specify:	6d.	\$	
10   Personal care products and services   10   2   30,000     11   Medical and dental expenses   10   3   0,000     12   Transportation, include gas, maintenance, bus or train fare:   1   0   0,000     13   Entertainment, clubs, recreation, newspapers, magazines, and books   13   3   0,000     14   Charitable contributions and religious donations   14   3   0,000     15   Insurance   1   0   0   0   0     16   Insurance   1   0   0   0   0     17   Insurance   1   0   0   0   0     18   Life insurance deducted from your pay or included in lines 4 or 20.     19   Life insurance   1   1   0   0   0     19   Life insurance   1   0   0   0     10   Life insurance   1   0   0   0	7.	Food and housekeeping supplies	7.	\$	110.00
10   Personal care products and services   10   2   30,000     11   Medical and dental expenses   10   3   0,000     12   Transportation, include gas, maintenance, bus or train fare:   1   0   0,000     13   Entertainment, clubs, recreation, newspapers, magazines, and books   13   3   0,000     14   Charitable contributions and religious donations   14   3   0,000     15   Insurance   1   0   0   0   0     16   Insurance   1   0   0   0   0     17   Insurance   1   0   0   0   0     18   Life insurance deducted from your pay or included in lines 4 or 20.     19   Life insurance   1   1   0   0   0     19   Life insurance   1   0   0   0     10   Life insurance   1   0   0   0	8.	Childcare and children's education costs	8.	\$	0.00
10	9.	Clothing, laundry, and dry cleaning		\$	
1	10.	Personal care products and services	10.		20.00
Do not include car payments.   12.   \$ 150.00	11.	Medical and dental expenses	11.	\$	0.00
10	12.	Transportation. Include gas, maintenance, bus or train fare.			150.00
1.4. Charitable contributions and religious donations         14. \$ 0.00           1.5. Insurance.         15. Life insurance deducted from your pay or included in lines 4 or 20.         15a. \$ 0.00           15b. Health insurance         15b. Health insurance         15b. \$ 0.00           15c. Vehicle insurance         15c. \$ 150.00           15c. Vehicle insurance. Specify:		Do not include car payments.	12.	\$	150.00
15.   Insurance.   15a.   Life insurance   15a.   \$ 0.00     15b.   Health insurance   15b.   \$ 0.00     17b.   Carpayments for Vehicle   1	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
15a. Life insurance   15a.   \$ 0.00     15b. Health insurance   15c. Vehicle insurance   15c. Vehi	14.	Charitable contributions and religious donations	14.	\$	0.00
15b. Health insurance       15b. \$ 0.00         15c. Vehicle insurance       15c. \$ 150.00         15d. Other insurance. Specify:       15d. \$ 0.00         15d. Other insurance. Specify:       15d. \$ 0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       16. \$ 0.00         17. Installment or lease payments:       17a. \$ 500.00         17b. Car payments for Vehicle 1       17a. \$ 500.00         17b. Car payments for Vehicle 2       17b. \$ 0.00         17c. Other. Specify:       17c. \$ 0.00         17d. Other. Specify:       17d. \$ 0.00         17d. Other. Specify:       17d. \$ 0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l).       18. \$ 0.00         19. Other payments you make to support others who do not live with you.       18. \$ 0.00         20c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00	15.				
15c. Vehicle Insurance         15c. S         150.00           15d. Other insurance. Specify:         15d. S         0.00           16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         16. S         0.00           17. Installment or lease payments:         17a. S         500.00           17b. Car payments for Vehicle 1         17a. S         500.00           17b. Car payments for Vehicle 2         17b. S         0.00           17c. Other. Specify:         17c. S         0.00           17d. Other. Specify:         17d. S         0.00           17d. Other. Specify:         17d. S         0.00           18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).         18. S         0.00           19. Other payments you make to support others who do not live with you.         S         0.00           20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a. S         0.00           20b. Real estate taxes         20b. S         0.00           20c. Property, homeowner's, or renter's insurance         20c. S         0.00           20d. Maintenance, repair, and upkeep expenses         20d. S         0.00		15a. Life insurance	15a.	\$	0.00
15d. Other insurance. Specify:         15d.         \$         0.00           Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:         16.         \$         0.00           17. Installment or lease payments:         17a.         \$         500.00           17b. Car payments for Vehicle 1         17a.         \$         500.00           17b. Car payments for Vehicle 2         17b.         \$         0.00           17c. Other. Specify:         17c.         \$         0.00           17d. Other. Specify:         17c.         \$         0.00           17d. Other. Specify:         17c.         \$         0.00           18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i).         18.         \$         0.00           19. Other payments you make to support others who do not live with you.         \$         0.00           20c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a.         \$         0.00           20a. Mortgages on other property         20a.         \$         0.00           20b. Real estate taxes         20b.         \$         0.00           20c. Property, homeowner's, or renter's insurance         <		15b. Health insurance	15b.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:		15c. Vehicle insurance	15c.	\$	150.00
Specify:         16.         \$ 0.00           17.         Installment or lease payments:         17a.         \$ 500.00           17b. Car payments for Vehicle 1         17a.         \$ 500.00           17b. Car payments for Vehicle 2         17b.         \$ 0.00           17c. Other. Specify:         17c.         \$ 0.00           17d. Other. Specify:         17d.         \$ 0.00           18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).         18.         \$ 0.00           19. Other payments you make to support others who do not live with you.         \$ 0.00         \$ 0.00           20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a.         \$ 0.00           20a. Mortgages on other property         20a.         \$ 0.00           20b. Real estate taxes         20b.         \$ 0.00           20c. Property, homeowner's, or renter's insurance         20c.         \$ 0.00           20d. Maintenance, repair, and upkeep expenses         20d.         \$ 0.00		15d. Other insurance. Specify:	15d.	\$	0.00
17a. Car payments for Vehicle 1       17a. \$ 500.00         17b. Car payments for Vehicle 2       17b. \$ 0.00         17c. Other. Specify:	16,		16.	\$	0.00
17b. Car payments for Vehicle 2  17c. Other. Specify: 18c. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18c. Other payments you make to support others who do not live with you.  Specify: 19 \$ 0.00  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a. \$ 0.00  20b. Real estate taxes 20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00	17.	Installment or lease payments:			
17b. Car payments for Vehicle 2       17b. \$		17a. Car payments for Vehicle 1	17a.	\$	500.00
17c. Other. Specify:		17b. Car payments for Vehicle 2		\$	0.00
17d. Other. Specify:		17c. Other. Specify:		***************************************	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify:				\$	0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify:	18			-	
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Specify:	19.	Other payments you make to support others who do not live with you		T-11-11-11-11-11-11-11-11-11-11-11-11-11	***************************************
20a. Mortgages on other property 20a. Real estate taxes 20b. Reperty, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses		· · · · · · · · · · · · · · · · · · ·	19	\$	0.00
20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00	20.			**************************************	
20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00				\$	0.00
20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00					
20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00					0.00

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Debtor 1	Latrika Jenkins First Name Middle Name Last Name	Case number (if known)	1000
. Other	r. Specify:	21.	+\$0.00
Calcu	ulate your monthly expenses.	STAN	
22a. A	Add lines 4 through 21.	22a.	\$1,840.00
22b. (	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$0.00
22c. A	Add line 22a and 22b. The result is your monthly expenses.	<b>22</b> c.	\$1,840.00
Calcul	ate your monthly net income.		
23a. (	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$1,849.00
23b. (	Copy your monthly expenses from line 22c above.	23b	-\$1,840.00
	Subtract your monthly expenses from your monthly income.	Γ	s 9.00
	The result is your monthly net income.	23с.	3
Do you	ı expect an increase or decrease in your expenses within the year after you f	ile this form?	
Forexa	ample, do you expect to finish paying for your car loan within the year or do you exp ge payment to increase or decrease because of a modification to the terms of your	pect your	
☑ No.	•		
☐ Yes	Explain here:	аменалуучарынд ээг, ина амаала авашчаангаасу цегу, жүзэг үздү ийгал аншамл оналуш 1945, 166 зас	de de la tradición en montenamen del mestrológico de la tradición de la mestra conserva en perpensión en mostro
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Fill in this in	formation to i	dentify your case:		
Debtor 1	Latrika First Name	Jenkins Middle Name	Last Name	
Debtor 2			Los ( Haine	-
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court	for the: Northern District of II	linois	İ
Case number		···		
(ii Kitowii)				
Officia	Form 10	06Dec		

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?	
☑ No	and an entropy to make you mit out builting people from se	
Yes. Name of person	Attack Parker to D. N. D.	
	Attach Bankruptcy Petition Preparer's Notice, Declaration, and	
	Signature (Official Form 119).	
Hadaman Land		
that they are true and correct.	read the summary and schedules filed with this declaration and	;
•		1
* Del ?	×	1
Signature of Debtor 1		1
	Signature of Debtor 2	
Date 08 15 2017	Date	į
MM / DD / YYYY	MM / DD / YYYY	i
Call of the Call of Ca		i

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Debtor 1	Latrika	Jenkins		,		
	First Name	Middle Name	Last Name			
ebtor 2 couse, if filing)	First Name	Middle Name	Last Name	PASTIL-1704-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
ited States E	Bankruptcy Court fo	r the: Northern District o	of Illinois	1		
se number						
known)	****					Check if this is a amended filing
						amended ming
zii i m	407					
	orm 107		_			
atem	ent of Fi	nancial Affa	irs for Inc	lividuals Filing	for Bankrupto	<b>Sy</b> 04/
	wn). Answer ev	out Your Marital St	atus and Wher	e You Lived Before		
What is yo	our current mar	ital status?				
		ital status?				
Marrie Not ma	d arried e last 3 years, ha	ave you lived anywher	•	•		
Marrie Not ma	d arried e last 3 years, ha	ave you lived anywher	•	lude where you live now.		Dates Debtor 2 lived there
Marrie Not ma	d arried last 3 years, ha	ave you lived anywher	years. Do not inc	lude where you live now.		
Marrie Not ma  During the No Yes. L	d arried e last 3 years, has ist all of the place or 1:	ave you lived anywher	years. Do not inc	r 1 Debtor 2:  Same as Debtor 1		lived there
Marrie Not ma	d arried e last 3 years, has ist all of the place or 1:	ave you lived anywher	years. Do not inc Dates Debto lived there	lude where you live now.		Same as Debtor
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Marrie Not ma  During the No Yes. L	d arried e last 3 years, has ist all of the place or 1:	ave you lived anywher	years. Do not inc Dates Debto lived there From	r 1 Debtor 2:  Same as Debtor 1	State ZIP Code	Ilved there  Same as Debtor From
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Marrie Not ma  During the No Yes. L	d arried e last 3 years, hast all of the place or 1:	ave you lived anywherdes you lived in the last 3	years. Do not inc  Dates Debto lived there  From To	Same as Debtor 1  Number Street  City	State ZIP Code	Same as Debtor From To
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any income from employmer amount of income you received a joint case and you have income the details.  The details.  The details.  The details and you have income you received a joint case and you have income the details.  The details are the details and you filed for bankruptcy:  The details are the details are the details and you filed for bankruptcy:  The details are the detai	d from all jobs and all busi	nesses, including part-tir	me activities.	Gross income (before deductions and exclusions)  \$
a amount of income you received a joint case and you have income the details.  The details.  The details.  The details.  The details.  The details.  The details.  The details.  The details.  The details.	Debtor 1  Sources of income Check all that apply.  Wages, commissions, bonuses, tips  Operating a business  Wages, commissions, bonuses, tips	Gross income (before deductions and exclusions)	Debtor 2  Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips	Gross income (before deductions and exclusions)
nuary 1 of current year until you filed for bankruptcy: calendar year: 1 to December 31, 2016 YYYY	Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips Operating a business  Wages, commissions,	(before deductions and exclusions)  \$19,276.00	Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips	(before deductions and exclusions)
you filed for bankruptcy: calendar year: 1 to December 31, 2016 YYYY calendar year before that:	Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips Operating a business  Wages, commissions,	(before deductions and exclusions)  \$19,276.00	Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips	(before deductions and exclusions)
you filed for bankruptcy: calendar year: 1 to December 31, 2016 YYYY calendar year before that:	Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips Operating a business  Wages, commissions,	(before deductions and exclusions)  \$19,276.00	Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips	(before deductions and exclusions)
you filed for bankruptcy: calendar year: 1 to December 31, 2016 YYYY calendar year before that:	bonuses, tips  Operating a business  Wages, commissions, bonuses, tips  Operating a business  Wages, commissions,		bonuses, tips  Operating a business  Wages, commissions, bonuses, tips	
1 to December 31,2016 YYYY  alendar year before that:	<ul> <li>✓ Wages, commissions, bonuses, tips</li> <li>☐ Operating a business</li> <li>✓ Wages, commissions,</li> </ul>	\$ 31,842.00	Wages, commissions, bonuses, tips	\$
1 to December 31,2016 YYYY  alendar year before that:	bonuses, tips  Operating a business  Wages, commissions,	\$ 31,842.00	bonuses, tips	\$
alendar year before that:	☑ Wages, commissions,		Operating a business	
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1 to December 31, 2015	bonuses, ups	s 30,000.00	Wages, commissions, bonuses, tips	
YYYY	Operating a business	\$	Operating a business	\$
the details.	- 222 for the Workshill Standard and Standard Standard and Standard			
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
nuary 1 of current year until you filed for bankruptcy:		\$ \$		\$ \$
		<b>\$</b>		\$
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	e regardless of whether that inct, and other public benefit paym lottery winnings. If you are filing ce and the gross income from ethe details.	e regardless of whether that income is taxable. Examples t, and other public benefit payments; pensions; rental incolottery winnings. If you are filing a joint case and you have ce and the gross income from each source separately. Dotthe details.  Debtor 1  Sources of income Describe below.	t, and other public benefit payments; pensions; rental income; interest; dividends; lottery winnings. If you are filing a joint case and you have income that you received and the gross income from each source separately. Do not include income that the details.    Debtor 1   Sources of income   Gross income from each source   Describe below.   Defore deductions and exclusions)	e regardless of whether that income is taxable. Examples of other income are alimony; child support; Social St, and other public benefit payments; pensions; rental income; interest; dividends; money collected from laws lottery winnings. If you are filing a joint case and you have income that you received together, list it only once ce and the gross income from each source separately. Do not include income that you listed in line 4.  The details.  Debtor 1  Sources of income Describe below.  Describe below.  Gross income from each source of income each source (before deductions and exclusions)  Pescribe below.  Sources of income each source of deductions and exclusions)  Pescribe below.  Sources of income of income each source of income

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	Latrika	Jenkins		Casa aumhan	
	First Name Middle	Name Last Name		Case number (if known)	
Part 3:	List Certain Pay	ments You Made Before	re You Filed for B	ankruptcy	
		ebtor 2's debts primarily c			
₩ No.	incurred by arrand	invidual primarily for a persor	nai, family, or househ		.C. § 101(8) as
	During the 90 days	before you filed for bankrup	otcy, did you pay any	creditor a total of \$6,425* or more?	
	No. Go to line	7.			
	total amot	unt you paid that creditor. Do	o not include pavmeni	6* or more in one or more payments a ts for domestic support obligations, s o an attorney for this bankruptcy case	uch se
	* Subject to adjustr	ment on 4/01/19 and every 3	years after that for c	ases filed on or after the date of adju	stment
Yes		or 2 or both have primarily			ournour.
	During the 90 days	before you filed for bankrur	otcy, did you pay any	creditor a total of \$600 or more?	
	☑ No. Go to line 7			2. Çava v. Iliviyi	
			., , ,		
	Creator, D	10 not include payments for (	domestic support obli	r more and the total amount you paid gations, such as child support and	that
	alimony. A	Also, do not include payment	s to an attorney for th	is bankruptcy case.	
				Protesta (1886)	tan digina da tan
			Dates of Tota payment	I amount paid Amount you still	owe Was this payment for
			•		
	Creditor's Name	+ West of the second se	<u> </u>	<u> </u>	—
	*****				Car
	Number Street		3.00		Credit card
					Loan repayment
	***************************************				
		4444			
	City	State ZIP Code			Suppliers or vendors Other
	City	State ZIP Code		t kannanna e kala manas sa ana ang 17 ta 17 ana kan matanbasa an kala kanasa an maga	
	City  Creditor's Name	State ZIP Code	\$	Sections as the minute constitutes on the section of the section o	
		State ZIP Code	\$	teknoon en stamma (usen oon tij ta 1 teen on eiden hussuussuussuussuuseen seen oon saat oon suussuussuussuussu <b>S</b>	Other
		State ZIP Code	\$	Security and the record of the control of the contr	Other
	Creditor's Name	State ZIP Code	\$	second estatement in encountry set to each end estate and a second	Other Mortgage
	Creditor's Name	State ZIP Code	\$	Security of the first transfer of the control of th	Other Other
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	Creditor's Name  Number Street  City  Creditor's Name			\$	

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or 1	Latrika Jenkins First Name Middle Name	Last Name		Case number (if know	/n)
nside orpo gen uch	in 1 year before you filed for bar ers include your relatives; any gen prations of which you are an office t, including one for a business you as child support and alimony.	eral partners; i r, director, pers	relatives of any general partners son in control, or owner of 20% o	; partnerships of wh	ich you are a general partner; or securities; and any managing
1 N 1 Y	lo ′es. List all payments to an insider.				
•	oor and an paymonts to an instead.	•	Dates of Total amount payment paid		Reason for this payment
	Insider's Name	WHAT ALL L	\$	\$	
	Number Street	·	***************************************		
	7-17-17-17-1		mm		
	City State	ZIP Code	-		
	Insider's Name		<u> </u>	\$	
,	Number Street				The Property of the Property o
	3 75 White 18 discharges				
i	City State	ZIP Code	•		COLORODO DE LA COLORO
ins duc No	sider? de payments on debts guaranteed	or cosigned by		sfer any property	on account of a debt that benefited
• •	es. List all payments that beliefled	armsider.	Dates ofTotal amount	Amount you still	Reason for this payment
			payment paid	Owe	Include creditor's name
ì	Insider's Name		· \$	\$	
i	Number Street				
	MACHENIA MARINE		· · · · · · · · · · · · · · · · · · ·		
	City State	ZIP Code			
_			\$	\$	
I	Insider's Name				
Ĩ	Number Street		-		Southern Control of the Control of t
-					
7	City State	7ID Code			- Paragraphia -

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all such refere you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  all such metters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modification from the case of the c	Latrika Jenkins First Name Middle Name Last Name	Case num	ber (if known)	
all such refere you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  all such metters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modification from the case of the c				
Case title  Case t				
Ves. Fill in the details.    Case title   Court Name   Pending   Conducted	t all such matters, including personal injury cand contract disputes.	were you a party in any lawsuit, court action, ses, small claims actions, divorces, collection sui	or administrative proce its, paternity actions, supp	eding? port or custody modifica
Nature of the case   Court ragency   Status of the case	No			
Nature of the case  Case title Case title Case number	Yes. Fill in the details.			
Case number  Case title.  Case title.  Coun Name  Coun	N N	ature of the case Court or agenc	cy State Addition Co	Status of the case
Case number	Case title	Court Name		D Pendina
Case title	The control of the co	Court Name		
Case title		Number Street	W-1	Concluded
Case title	Case number	City	State ZIP Code	
Case number City State		Me Market response (1) to the home of the first transfer of the fi		
Case number	Case title	Court Name		
Case number City State ZIP Code  in 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? ex all that apply and fill in the details below.  10. Go to line 11.  es. Fill in the information below.    Describe the property		No.		
in 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? sk all that apply and fill in the details below.  Io. Go to line 11.  Ses. Fill in the information below.  Describe the property  Date  Value of the property  Creditor's Name  Number Street  Explain what happened  Property was repossessed. Property was garnished.  City  State ZIP Code  Describe the property  Date  Value of the property  Date  Value of the property  Explain what happened  Property was attached, seized, or levied.  Describe the property  Date  Value of the property  Property was repossessed.  Property was repossessed.  Property was repossessed.  Property was repossessed.  Property was foreclosed.	Case number	number Street		☐ Concluded
Describe the property  Date  Value of the property  Creditor's Name    Property was repossessed.   Property was attached, seized, or levied.		City	State ZIP Code	<del></del>
Creditor's Name    S	es. The fit the information below.	Describe the property	Date	Value of the property
Number Street  Explain what happened  Property was repossessed.  Property was foreclosed.  Property was garnished.  City State ZIP Code  Property was attached, seized, or levied.  Describe the property  Date Value of the propert  Creditor's Name  Explain what happened  Property was repossessed.  Property was foreclosed.			And the second s	A Anna or the broberty
Property was repossessed.  Property was foreclosed.  Property was garnished.  Property was attached, seized, or levied.  Describe the property  Date Value of the property  Street  Explain what happened  Property was repossessed.  Property was foreclosed.	Creditor's Name	Management of the Control of the Con		\$
Property was repossessed.  Property was foreclosed.  Property was garnished.  Property was attached, seized, or levied.  Describe the property  Date Value of the property  Creditor's Name  Explain what happened  Property was repossessed.  Property was foreclosed.	Number Street	Explain what hannoned	Mindress in the control of the contr	
Property was foreclosed.  Property was garnished.  Property was attached, seized, or levied.  Describe the property  Date Value of the propert  Creditor's Name  Explain what happened  Property was repossessed.  Property was foreclosed.			n in Notifice en Alle	
City State ZIP Code	4 Proposition — 4 Proposition	Property was foreclosed.		
Describe the property  Date  Value of the propert  S	City State ZIP Code		ried	
Number Street  Explain what happened  Property was repossessed.  Property was foreclosed.	the wife and the second control of the control of t	A STATE OF THE PROPERTY OF THE	kada ara kada sa kara kara kada na kada kada kada kada sa kara kada sa kara kada kada kada kada kada kada kad	Value of the property
Number Street  Explain what happened  Property was repossessed.  Property was foreclosed.				value of the property
Number Street  Explain what happened  Property was repossessed.  Property was foreclosed.	Craditor's Name			\$
Explain what happened  Property was repossessed. Property was foreclosed.	CICUID S HARE		A Section of the Sect	
Property was repossessed.  Property was foreclosed.	Number Street	Explain what happened	ANNA!	
Property was foreclosed.	• • • • • • • • • • • • • • • • • • •		Track to	
<b>∤</b>				
City State ZIP Code Property was garnished.  Property was attached, seized or levied	City State ZIP Code	Property was garnished.		

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1	L <u>atrika</u>	Jenkins	Case number (# known)
	First Name	Middle Name Last	Name
Vithia	n 90 davs hef	ore you filed for hankru	ntoy did any proditor including a book or financial institution or or
ccou	ints or refuse	to make a payment be	ptcy, did any creditor, including a bank or financial institution, set off any amounts from your cause you owed a debt?
1 No		• •	• • • • • • • • • • • • • • • • • • •
	s. Fill in the d	etails.	
			and the contract of the contra
			Describe the action the creditor took Date action Amount was taken
Čre	editor's Name		was taken
			The second secon
Nu	mber Street		· · · · · · · · · · · · · · · · · · ·
_		***************************************	
City	·	State ZIP Code	Last 4 digits of account number: XXXX
			Last 4 digits of account number. AAAA~
/ithin	1 1 vear befor	e vou filed for hankrunt	cy, was any of your property in the possession of an assignee for the benefit of
redit	ors, a court-a	ppointed receiver, a cu	stodian, or another official?
<b>1</b> No			
) Ye			
	•		
5.	List Certai	in Gifts and Contribu	tions
		<b></b>	
ithin	2 years befo	re you filed for bankrup	tcy, did you give any gifts with a total value of more than \$600 per person?
<b>1</b> No			
) Ye	s. Fill in the de	etails for each gift.	
			n albert Northware of the experience and a management of the continuous section of the continuou
		value of more than \$600	Describe the gifts Dates you gave Value
þ	er person		the gifts
<u> </u>			\$
Per	son to Whom You	Gave the Gift	M
	WATER TO THE RESERVE OF THE PERSON OF THE PE		\$
Nun	nber Street		
City		State ZIP Code	
n-	nanjai	Im An	
ren	son's relationsh	ib to you	Secret Spike is the secret spike for the secret spike of the secret spike is the secret spike in the secret spike is the secret spike in the secret spike is the secret spike in the secret spike is the secret spike in the secret spike is the secret spike in the secret spike is the secret spike in the secret spike is the secret spike in the secret spike is the secret spike in the secret spike is the secret spike in the secret spike is the secret spike in the secret spike in the secret spike is the secret spike in the secret spike in the secret spike is the secret spike in the secret spike in the secret spike in the secret spike is the secret spike in the secre
	tatala		
	is with a total v person	alue of more than \$600	Describe the gifts Dates you gave Value the gifts
			tie Auto
Pers	son to Whom You	Gave the Gift	• • • • • • • • • • • • • • • • • • •
			<u> </u>
Num	nber Street		
City		Ct-1- 75.5.	
CRY		State ZIP Code	
Pers	son's relationshi	p to you	

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or 1	Latrika First Name	Jenkins Middle Name La	st Name Case number (if known)
Nith	n 2 years befo	re you filed for bankru	optcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?
ZÍ N	es. Fill in the de	etails for each gift or co	
		tions to charities han \$600	Describe what you contributed Date you Value contributed
c	narity's Name		s
_	<del>,</del>		- ss
Ni	umber Street		
Ci	ty State	ZIP Code	
6:	List Certa	in Losses	
<b>I</b>	ow the loss occ	urred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Date of your Value of property loss
The state of the s			<u> </u>
<b>7:</b>		n Payments or Tran	
ou c	onsulted abou	t seeking bankruptcy	tcy, did you or anyone else acting on your behalf pay or transfer any property to anyone or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in your bankruptcy.
No	)		specially of discussioning agenties for services required in your particupacy.
Υe	s. Fill in the det	tails.	and the state of the control of the state of
_			Description and value of any property transferred Date payment or Amount of paymen transfer was
Р	erson Who Was Pai	ď	made Prince Control of the Control o
Ñ	umber Street		<b>\$</b>
	14.		<u> </u>
Ü	ity	State ZIP Code	
Ē	mail or website addre	ess	
P	erson Who Made the	Payment, if Not You	

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r 1 Latrika First Name		enkins		Case number (if known)		
rasi name	Middle Name	Las	I Name			
PROTECT STREET, AND ADDRESS OF THE PROPERTY OF	tettitikka (1 nii muu e meengan, mee 1 tettiti 1 te tiint noon.	······································			annagama kabanda saya 1118 gaya magamba kanana kasaka 1188 gaya 1188 gaya 1	ere ne vezzyky propinovy polonow down en en bisky propinovy reference
			Description and value of any property t	ransferred	Date payment or transfer was made	Amount of payment
Fig. 150 - 167	PA	· · · · · · · · · · · · · · · · · · ·				payment
Person Who Was	Paid			ADDRESS CONTRACTOR		¢
Number Street	·····	***************************************	*	To the second se	V	Ψ
				About the state of		\$
			•	in purify to the second		
City	State	ZIP Code	-	Moral and An and		
				To the state of th		
Email or website a	ddress			0.000000 mm.m.m.m.m.m.m.m.m.m.m.m.m.m.m.		
Person Who Made	the Dayment is t	11-4 1/-	Target and a fact of the fact	We strang to Automotive Automotiv		
Person vvno Made	the Payment, if i	Vot You				
romised to neib	you deal Witi	n your credii	tcy, did you or anyone else acting on y tors or to make payments to your cred	our behalf pay or trans	sfer any property to	anyone who
o not include any	payment or tr	ransfer that y	ou listed on line 16.			
No						
Yes. Fill in the	fetails.		error et de reger de roger et agait de esta.			
			Description and value of any property tr	ansferred		Amount of payme
Person Who Was	Daid	*******		The state of the s	transfer was made	
T CIOCH WITO WAS	raid		11	TO LANCE AN ADDRESS		
Number Street			marks of Control of Co	novine e		S
				Graden china	é	•
City	State	ZIP Code	The state of the s	refulte coffee a facel		>
ithin 2 years bef	ore vou filed	for bankrup	etcy, did you sell, trade, or otherwise t	ranefor any proporty to	anuana atharthau	
ansterred in the	ordinary cou	irse of your i	business or financial affairs?			
clude both outrigh o not include aifts	at transfers an and transfers	nd transfers n s that you hav	nade as security (such as the granting of we already listed on this statement.	a security interest or mo	rtgage on your prop	erty).
No		, , , , , , , , , , , , , , , , , , , ,	o an addy noted on this statement.			
Yes. Fill in the d	etails.		Na teratorio Comercia establista de Al	e na kakaka mada baran mana kaka		
			Description and value of property transferred	Describe any property or debts paid in exchange	r payments received	Date transfer was made
Person Who Recei	ved Transfer		The state of the s			
						Appropriately
Number Street		, <u> </u>				
<del></del>	***					-
City	State	ZIP Code				
Person's minties	ehîn to vo:		and a three of Audientalian in the country trades of the theorem and any angula (1965), a contract, a college and	ist (n. 1684). en en en en en en en en en en en en en	er i reme sekki eriti kiri kiri kirile eritik kirile eritik kirile eritik kirile eritik eritik kirile eritik k	
Person's relation		·	A CONTRACTOR OF SECURIOR OF THE SECURIOR OF THE SECURIOR	\$4111.45.14.1	**** ***** * ****** #**P***************	*
Person Who Receiv	ed Transfer					
Number Street			**************************************			
			Territorian de la constante de			Total Control
			i i			7
City	State	ZIP Code	Adrian			-

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	First Name	Middle Name Las	l Name Cas		
Within 1	0 vears hefore	You filed for bento	ment did		
are a be	eneficiary? (The	ese are often called a	uptcy, did you transfer any property to a self isset-protection devices.)	settled trust or similar device of w	vhich you
<b>Z</b> No			,		
	Fill in the detai	ils.			
			The series was to a constitution that as well as the first	ratio Africa (N. 1818) today o consegui a cons	en en en en en en en en en en en en en e
			Description and value of the property transferr	red	Date transfer
				And the control of the Land of	was made
Name	e of trust		reacrina.		·
			and the second		And the second s
					Water Loving Commission
			S		150 materials
183 Li	ist Certain F	inancial Account	Command Annual Party (Party 1974) As As As As As As As As As As As As As	Collection of the contraction of the contraction of the collection	TEPPENTENDER AND AND AND AND AND AND AND AND AND AND
			s, Instruments, Safe Deposit Boxes, a		
/ithin 1	year before yo	ou filed for bankrupt	cy, were any financial accounts or instrume	nts held in your name, or for your	henefit
iosea, s	soia, movea, o	or transferred?			
nclude (	checking, savi	ings, money market,	or other financial accounts; certificates of c	deposit: shares in hanks, credit uni	ions
rokerag	ge houses, per	nsion funds, cooper	atives, associations, and other financial inst	itutions.	.0113,
ŽÍ No					
J Yes.	Fill in the deta	ills.			
				學術院 医心体管 医多子氏性结肠炎 医结膜 化电压电池	and the second second second
			Last 4 digits of account number Type of ac		Last balance befo
				count or Date account was	
Name	e of Financial Instit	ution	Last 4 digits of account number Type of ac instrumen	count or Date account was tolosed, sold, moved, or transferred	
		ution	Last 4 digits of account number Type of ac instrumen	t Date account was closed, sold, moved, or transferred	
	e of Financial Instit ber Street	ution	XXXX Checki	count or Date account was closed, sold, moved, or transferred	
		ution	XXXX Checki	count or Date account was to closed, sold, moved, or transferred ing	
		State ZIP Code	XXXX-	ing market	
Numb			XXXX Checki	ing market	
Numb	ber Street	State ZIP Code	XXXX- Type of ac instrumen  XXXX- Checki  Saving  Money  Broker	count or Date account was closed, sold, moved, or transferred ing	
Numb		State ZIP Code	XXXX	ing	
City	ber Street	State ZIP Code	XXXX—	Date account was closed, sold, moved, or transferred  ing  market  age	
City	ber Street	State ZIP Code	XXXX	ing ing ing ing ing ing ing ing ing ing ing ing ing ing ing ing imarket	
City	ber Street	State ZIP Code	XXXX	ing ing	
City	ber Street	State ZIP Code	XXXX	ing ing	
City  Name	ber Street e of Financial Institu	State ZIP Code ution State ZIP Code	XXXX	ing ing ing ing ing is market age ing in	\$\$
Numb City  City O you ne	e of Financial Institution Street	State ZIP Code  ution  State ZIP Code	XXXX	ing ing ing ing ing is market age ing in	\$\$
Numb City O you ne	ber Street e of Financial Institu	State ZIP Code  ution  State ZIP Code	XXXX	ing ing ing ing ing is market age ing in	\$\$
Numb City O you not operations	e of Financial Institu ber Street	State ZIP Code  ution  State ZIP Code  Id you have within 1 er valuables?	XXXX	ing ing ing ing ing is market age ing in	\$\$
Numb City O you not operations	e of Financial Institution Street	State ZIP Code  ution  State ZIP Code  Id you have within 1 er valuables?	XXXX	Date account was closed, sold, moved, or transferred  ing is market age  market age  fe deposit box or other depository	\$for
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Numb City O you note curities	e of Financial Institu ber Street	State ZIP Code  ution  State ZIP Code  Id you have within 1 er valuables?	XXXX	Date account was closed, sold, moved, or transferred  ing is market age  market age  fe deposit box or other depository	\$for
Numb City O you note occurities No Yes. F	e of Financial Institute of Street  sow have, or diss, cash, or other	State ZIP Code  ution  State ZIP Code  id you have within 1 ier valuables?	XXXX	Date account was closed, sold, moved, or transferred  ing is market age  market age  fe deposit box or other depository	\$
Numb City To you note occurities No Yes. F	e of Financial Institu ber Street	State ZIP Code  ution  State ZIP Code  id you have within 1 ier valuables?	XXXX	Date account was closed, sold, moved, or transferred  ing is market age  market age  fe deposit box or other depository	Do you stil have it?
Numb City O you necurities No Yes. F	e of Financial Institute of Street  sow have, or diss, cash, or other	State ZIP Code  ution  State ZIP Code  id you have within 1 ier valuables?	XXXX	Date account was closed, sold, moved, or transferred  ing is market age  market age  fe deposit box or other depository	\$
Numb City O you necurities No Yes. F	e of Financial Institution have, or diss, cash, or other Fill in the details of Financial Institu	State ZIP Code  ution  State ZIP Code  id you have within 1 ier valuables?	XXXX	Date account was closed, sold, moved, or transferred  ing is market age  market age  fe deposit box or other depository	\$

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Debtor 1	Latrika First Name M	Jenkins	st Name	<del></del>	Case number (if known)		
22. Have	you stored proper	tv in a storage unid	Or niace other than	vour home within	1 year before you filed for ba		
<b>4</b>	10		or place office than	your nome within	year before you filed for bi	ankruptcy?	
U Y	es. Fill in the detai	is.					
			Who else has or ha	ad access to it?	Describe the contents		Do you still have it?
					place of the control and and a first the control and the contr	Section and analysis of the community of	*
	Name of Storage Facility	у	Name				□ No □ Yes
	Number Street		Number Street	****			
			City State ZIP Code				Total designation of the second
	City	State ZIP Code	Ony State Zir Code				er jar
			te transport to the registration of a second contract of the second of t				<u> </u>
Part 9;	Identify Pro	perty You Hold	or Control for Sor	neone Else			
23. Do y					erty you borrowed from, are		
OI IN	via in trust for som	eone.	ouncome else Owns (	r include any propi	erry you borrowed from, are	storing for,	
☑ N							
☐ Y	es. Fill in the detai	ls.					
			Where is the proper	ty? Production	Describe the property	Va	ilue
	Owner's Name						
						\$_	····
i	Number Street		Number Street			TO consider	
			+			A Visit	
_			City	01.1		***************************************	
	City	State ZIP Code	Oity	State ZIP Code	National Medicines and assessed an accommodate and a figure		
Part 10	Give Details	About Environn	nental informatio	n			
	purpose of Part 10,						
HOLOH	ruous or toxic subs	stances, wastes, or	te, or local statute or material into the air ng the cleanup of the	r. land, soil, surfac	ning pollution, contamination water, groundwater, or othe astes, or material.	n, releases of er medium,	
Site n	neans any location	, facility, or proper		anv environmental	law, whether you now own,	operate, or	
subst	tance, hazardous n	naterial, pollutant,	contaminant, or sim	ilar term.	s waste, hazardous substan	ce, toxic	
Report a	Il notices, releases	, and proceedings	that you know abou	it, regardless of wh	en they occurred.		
4. Has a	ny governmental u	nit notified you tha	it you may be liable o	or potentially liable	under or in violation of an e	environmental law?	
⊠ No							
	o es. Fill in the detail:	_					
<u> </u>	es. riii m the detail	5.					
			Governmental unit	Env	ironmental law, if you know it	Date	of notice
				1			
Na	me of site		Governmental unit			Province	
					FIRATERIO (LI Income a company propagator) a l'estant dephysika company et spinische l'accessor e company et s		
Nu	ımber Street		Number Street		A STATE OF THE STA	and the second of the second o	
			City State	e ZIP Code			
			, out				
Cit	iy s	State ZIP Code					

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Debtor 1	Latrika First Name	Jenkins			Case numb	DEF (if known)	
	гиэгия⊞е ∳	liddle Name Las	st Name		a mere visitifia	Q. sevany	
25. Hav	e you notified any	governmental unit (	of any release of I	hazardous matori:	al 2		
Ø				manuravas materi	ai t		
	Yes. Fill in the deta	ils.	+4	t tag taget jag			
			Governmental u	nit k i i i i i i i i i i i i i i i i i i	Environmental I	aw, if you know it	Date of notice
	Name of site						
			Governmental unit				1
	Number Street		Number Street				
	<u> </u>		City	State ZIP Code			
	City	State ZIP Code	-				
se Have	van kaan a mada		A CONTROL OF THE CONT		ner i i i i i i i i i i i i i i i i i i i		to the control of the
20. Mave 21 N	≀you been a party i åo	in any judicial or ad	Iministrative proc	eeding under any	environmental	iaw? Include settlements and	orders.
	vo ∕es. Fill in the detai	ils.					
			Court or agency		Nature of th		Status of the
c	Case title		_				case
			Court Name		-		Pending
-			Number Street				On appeal
-							Concluded
C	ase number		City	State ZIP Code	-		
Part 11	A Give Details	About Your Bus	tinone or Cours		•		
	in 4 years before yo	ou filed for bankrup	otcv. did vou own	a husiness or hav	susiness	lowing connections to any bu	
_	A sole proprieto	r or self-employed i	in a trade, profes:	sion, or other acti	vity, either full-fi	ime or part-time	siness?
_	☑ A member of a li ☑ A partner in a pa	mited liability comp	pany (LLC) or limi	ted liability partne	ership (LLP)		
		or, or managing ex	ecutive of a corp	oration			
		east 5% of the votin			ion		
<b>⊠</b> N	o. None of the abo	ve applies. Go to Pa	art 12.				
U Y	es. Check all that a	pply above and fill		1967 (A. 1994年) 1967 (A. 1964) A. 1964 (A. 1964)	ess.	·A	
	Business Name		Describe the nat	ure of the business		Employer Identification number Do not include Social Security	AND REAL PROPERTY OF A SECOND CO.
	manicado (400)C					and the state of t	manage of the .
i	Number Street		S. C.	et kartinaan maari ta kartinga ka meesaa paasa ee ee ee ee	an algorithman a tha an tao an tao an tao an tao an tao an tao an tao an tao an tao an tao an tao an tao an ta	EIN:	
			Name of account	tant or bookkeeper		Dates business existed	
			evenion on program			From To	
	City	State ZIP Code	Describe the nati	ure of the business			
i	Business Name			are of the business		Employer Identification number  Do not include Social Security r	
			With Parties of Control			EIN: =	
ī	lumber Street		Name of account	ant or bookkeeper		ka Minaga diserta Abda Abda Abda Abda M	
-		· · · · · · · · · · · · · · · · · · ·	or account	wiit or bookkeeper		Dates business existed	
7	Tity	State 719 Code				From To	•••

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ebtor 1	Latrika	Jenkins	Case number (if known)					
	First Name Middle Name Last I		st Name	(h. triceari)				
	ne manne e atota e la parte de catalia e atota e angla e a atota e a atota e a atota e a a atota e a a atota e	1 Sec. 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the commence of the commence of the commence of the commence of the commence of the commence of the commen				
			Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.				
	Business Name							
	Number Street			EIN:				
			Name of accountant or bookkeeper	Dates business existed				
	City	State ZIP Code	-	From To				
00 VARGE								
insti	im 2 years befor itutions, credito	re you filed for bankru rs, or other parties.	ptcy, did you give a financial statement to anyone ab	out your business? Include all financial				
Z 1								
	res. Fill in the de	etails below.						
			Date issued					
	Name		MM / DD / YYYY					
			mm/2017111					
	Number Street		_					
	· · · · · · · · · · · · · · · · · · ·		<u>-</u>					
	City	State ZIP Code	-					
810537000								
Part 12	Bign Belov	W						
! ha	ve read the ans	wers on this Statemer	nt of Financial Affairs and any attachments, and I dec					
asio	wers are true ar	na correct. I ungerstai	iid that making a faise statement, conceating propert	Carabtaining manay or aronamy by fraud				
18 (	J.S.C. §§ 152, 13	a bankruptcy case ca 341, 1519, and 3571.	n result in fines up to \$250,000, or imprisonment for t	ıp to 20 years, or both.				
	1 0	,						
×	Xo	2.	×					
:	Signature of Debtor 1		Signature of Debtor 2					
	N1151	· grang						
	Date <u>OS/ /5/ /</u>		Date					
	you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?							
<b>2</b>	No Yes							
	100							
Did	Vou pay or acre	e to nav someone wh	n is not an attornou to hale you fill and hands out	2				
Did <b>S</b>	<b>you pay or agre</b>	e to pay someone wh	o is not an attorney to help you fill out bankruptcy for	rms?				
<b>Z</b>	No		Attach	rms? the Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119).				

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Fill in this inf	ormation to ide	ntify your case:		
Debtor 1	Latrika		lenkins	
ļ	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	-
United States B	ankruptcy Court for	r the: Northern District of I	linois	
Case number (If known)				
····				

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### **List Your Creditors Who Have Secured Claims**

For any creditors that you listed in Part 1 of Schedule information below.	e D: Creditors Who Have Claims Secured by Property (C	
Identify the creditor and the property that is collateral	What do you intend to do with the property the secures a debt?	
Creditor's name: Pelican Auto Finance LLC	☐ Surrender the property.	☐ No
	Retain the property and redeem it.	☑ Yes
Description of Automobile property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	Surrender the property.	The No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
•	Retain the property and [explain]:	<del></del> -
Creditor's name:	☐ Surrender the property.	No
and the state of t	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
-	Retain the property and [explain]:	***************************************
Creditor's name:	☐ Surrender the property.	
and the second of the second o	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
		······································

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Latrika Jenkins Debtor 1 Case number (If known) Middle Name Last Nam Part 2: **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Mr. Simon ☐ No Yes Description of leased Apartment Rental property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: ☐ No Description of leased Yes property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: ☐ No Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: No No Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 1 Signature of Debtor 2 Date 08 /15/ 201 MM / DD / YYYY